

## Walk a Mile in Her Shoes

**Race Date:** Start Time: Location: **Race Contact:**  Saturday October 17 2009 10:00AM (Registration 09:15AM) Sandy Beach Paul Desloover 586-6709 pdesloover@yahoo.com

join JTRR https://southeastroadrunners.org/ results online: https://jtrr.org/event/2009/race/270

## **Course Description:**

5K and 1 mile

Distance

**□volunteer - \$0** 

EN	TRY	FOR	RM

**ENTRY FEES** Kids 18 & Under - \$0 Adults Day of Race - \$0

Last Name	_ First Name
GENDER CIRCLE ONE (Male Female Non-Binary)	Age on 7/1/2009
email	JTRR MEMBER: (YES NO) (if yes, skip phone,address)
MAILING ADDRESS	
STREET OR BOX	
СПҮ	PHONE
STATE	ZIP
rained, and by my signature, I certify that I am medically able to perform this event, am in good participation in this event, including the right of any official to deny or suspend my participatior all risks associated with running or volunteering in this event, including but not limited to: rai olunteers, race personnel, contract service providers, employees, and spectators. I assume the conditions of the road and/or trail including surrounding terrain. I understand that bicycles and I will abide by all race rules. If allowed by the Race Director, and if I am pushing a baby	tivity which could cause injury or death. I will not enter and participate unless I am medically able and properly d health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume IIs, physical contact with and/or the potential contraction of a communicable disease from other participants, all risks including: the effects of the weather; high heat and/or humidity, freezing cold temperatures; traffic and s, skateboards, roller skates or inline skates, animals, and personal music players are not allowed in the race, /jogger or stroller, I also accept the responsibility for injury up to death of the child being transported in the raceconting my entry I. for myself and anyone entitled to act on my behalf. waive and release the Juneau Trail

in the Trail Jogger of storier, having read this warver and knowing these facts and inconsistent autor of your accepting myent y, for myen and anyone entured to act of my benar, warver and reader the stress and non-state state of Alaska, the City and Borough of Juneau, and the Road Runners Club of America, all event sponsors enter representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. In addition, I acknowledge the contagious nature of communicable diseases and voluntarily assume the risk that I may be exposed to or infected by communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury illness, permanent disability, and/or death. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or anyother record of this event for any legitimate purposes. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is canceled before or during the event

SIGNATURE

## **BIB NUMBER:**

(for race officials only)

SIGNATURE of parent or guardian if under 18 DATE\_