

The Cameron Clark Memorial Run, Sponsored by NAO



Juneau Trail and Road Runners is an affiliate member of the Road Runners Club of America.

Race Date: Start Time: Location: **Race Contact:**

Saturday May 14 2016 09:00AM (Registration 08:15AM) Lena Beach picnic Area Dan Robinson 364-2521 robidanc@gmail.com

join JTRR https://southeastroadrunners.org/ results online: https://jtrr.org/event/2016/race/387 **Course Description:**

5K and 1K fun run

<u>Distance</u> ∏1k (1 km)	ENTRY FORM
∏5k (5 km)	
∏volunteer - \$0	SPONSORED BY

ENTRY FEES Kids 18 & Under - \$1 Adults Day of Race - \$10

Juneau Trail and Road Runners

Last	Name	
		-

Distance

First Name Age on 7/1/2016

GENDER CIRCLE ONE (Male|Female|Non-Binary)

email

MAILING ADDRESS

CITY

STATE

JTRR MEMBER: (YES|NO) (if yes, skip phone, address)

50/	
	PHONE
	ZIP

WAIVER: I know that running or volunteering to work in this race is a potentially hazardous activity which could cause injury or death. I will not enter and participate unless I am medically able and properly Value of the index to image and by the index of the index is a potential rate is a potential value and by the index of the and I will abide by all race rules. If allowed by the Race Director, and if I am pushing a baby jogger or stroller. I also accept the responsibility for injury up to death of the child being transported in the jogger or stroller. Having read this waiver and knowing these facts and inconsideration of your accepting my entry I, for myself and anyone entitled to act on my behalf, waive and release the Juneau Trail and Road Runners, the United States Forest Service, the state of Alaska, the City and Borough of Juneau, and the Road Runners Club of America, all event sponsors, their 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