# Only Fools Run at Midnight

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

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| **Race Date:** | Saturday August 22 1987 |
| **Start Time:** | 11:59PM (Registration 11:14PM) |
| **Location:** | Twin Lakes to the Juneau Fire Station, Juneau |
| **Race Contact:** | DefaultRaceDirector Unassigned |

**join JTRR https://southeastroadrunners.org/**

**results online: https://jtrr.org/event/1987/race/1007**

## Course Description:

Only Fools Run at Midnight, a three-mile fun run to benefit the Muscular Dystrophy Association in Alaska, starting at Twin Lakes and finishing at the Juneau Fire Station. Seven dollars, registration at 11 p.m., glow sticks handed out just before the start, and four-colour t-shirts for the first 150 to register. Prizes went to the top finishers in three classes - kids 4 to 12, men and women, and masters men and women over 50 - and for the best costume. The grand prize, for the most pledges sold, was a trip for two to Copenhagen. Sponsored by the Juneau area-wide fire departments with the Juneau Medical Center, Juneau Travel, Scandinavian Airlines, the Juneau Empire, TAKU 105 and KJNO. Recorded from the advertisement; no results are known. The advertisement reads "Saturday, August 22 ... at midnight", and the race is filed on that Saturday rather than in the small hours of the Sunday, which is how the site's other runnings are recorded.

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# ENTRY FORM

**Distance**

- ☐ **Three Mile (3 miles)**
- ☐ **volunteer - $0**

SPONSORED BY
**Juneau Trail and Road Runners**

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

Last Name _____ First Name _____

GENDER CIRCLE ONE (Male|Female|Non-Binary) Age on 7/1/1987_____

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

**MAILING ADDRESS**

STREET OR BOX _____

CITY _____ PHONE _____

STATE _____ 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 trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running or volunteering in this event, including but not limited to: falls, physical contact with and/or the potential contraction of a communicable disease from other participants, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including: the effects of the weather; high heat and/or humidity; freezing cold temperatures; traffic and the conditions of the road and/or trail including surrounding terrain. I understand that bicycles, skateboards, roller skates or inline skates, animals, and personal music players are not allowed in the race, 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** _____

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**SIGNATURE of parent or guardian if under 18**

**BIB NUMBER:**
(for race officials only)

**DATE**_____