

Beat the Odds

Race Date: Start Time: Location: Race Contact: Saturday August 30 2008 09:00AM (Registration 08:15AM) Riverbend Elementary School DefaultRaceDirector Unassigned

none

join JTRR https://southeastroadrunners.org/ results online: https://jtrr.org/event/2008/race/334

Course Description:

5K and 2 mile walk

ENTRY FORM

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

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Distance

□5k (5 km)

□volunteer - \$0

First Name ______ Age on 7/1/2008

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

email

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

MAILING ADDRESS

STREET OR BOX _____

С	Π	L,	Y
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PHONE _____ ZIP

STATE _

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 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 participation, so functor 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 race, and 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 event. I acknowledge that such exposure or infected by communicable diseases and oluntarily assume the risk that I may be exposed to or infected by communicable diseases by participating in this event, even though that liability and/or death. I may be exposed to rinfected by communicable diseases by participating in this event, even though that liability and/or death. I may be exposed to rinfected by communicable diseases by participating in this event, even though that liabili

SIGNATURE _____

BIB NUMBER:

(for race officials only)

SIGNATURE of parent or guardian if under 18 DATE_____