

Race Date: Start Time:

## McDowell Group Governors Cup Race



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

Saturday July 17 2010

09:00AM (Registration 08:15AM)

Location:	Dimond Courthouse	•	
Race Contact:	Jim Grammel		
	586-2991		
	iimg@mcdowellgroup	jimg@mcdowellgroup.net	
join JTRR https://southeastroadrunners.org/		results online: https://jtrr.org/event/2010/race/219	
Course Description:			
Fastest 5k in town! The McDowell Group Govern Juneau Bone and Joint Center. 1 Mile starts at 1 james.grammel@mcdowellgroup.net.			
Distance □ 5k (5 km)	RY FORM		
□1m (1 miles)		ENTRY FEES	
□.5 mile (0.5 miles) SF □volunteer - \$0 Juneau Tr	PONSORED BY	Kids 18 & Under - \$0 Adults Day of Race - \$0	
□volunteer - \$0 Juneau Tr	rail and Road Runners	Addits Day of Nace - 40	
Last Name	First Name		
GENDER CIRCLE ONE (Male Female Non-Bina			
email	JTRR MEMBER: (YES I	NO) (if yes, skip phone,address)	
MAILING ADDRESS			
STREET OR BOX			
СПҮ	PHONE		
STATE	ZIP		
WAIVER: I know that running or volunteering to work in this race is a potentially haz trained, and by my signature, I certify that I am medically able to perform this event, participation in this event, including the right of any official to deny or suspend my pall risks associated with running or volunteering in this event, including but not lir volunteers, race personnel, contract service providers, employees, and spectators, the conditions of the road and/or trail including surrounding terrain. I understand the and I will abide by all race rules. If allowed by the Race Director, and if I am push jogger or stroller. Having read this waiver and knowing these facts and inconsider and Road Runners, the United States Forest Service, the state of Alaska, the successors from all claims or liabilities of any kind arising out of my participation this waiver. In addition, I acknowledge the contagious nature of communicable dise this event. I acknowledge that such exposure or infection may result in personal inj pictures, recordings or anyother record of this event for any legitimate purposes. I that I am not entitled to a refund if the event is canceled before or during the event	, am in good health, and am properly trained. I agree to abid participation for any reason whatsoever. I attest that I have re imited to: falls, physical contact with and/or the potential cor. I assume all risks including: the effects of the weather; high that bicycles, skateboards, roller skates or inline skates, aninhing a baby jogger or stroller, I also accept the responsibil ration of your accepting my entry I, for myself and anyone en City and Borough of Juneau, and the Road Runners Clul in this event, even though that liability may arise out of negiseases and voluntarily assume the risk that I may be exposed jury illness, permanent disability, and/or death. I grant perm	e by any decision of a race official relative to any aspect of my ad the rules of the race and agree to abide by them. I assume thraction of a communicable disease from other participants, n heat and/or humidity, freezing cold temperatures; traffic and mals, and personal music players are not allowed in the race, lity for injury up to death of the child being transported in the tittled to act on my behalf, waive and release the Juneau Trail b of America, all event sponsors, their representatives and ligence or carelessness on the part of the persons named in d to or infected by communicable diseases by participating in ission to all of the foregoing to use my photographs, motion	
CIONATURE	BIB NUMBER:		
SIGNATURE	(for race officials only)		
SIGNATURE of parent or guardian if	under 18 DATE		
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