



# Veteran's Day Run



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

**Race Date:** Saturday November 08 2014  
**Start Time:** 10:00AM (Registration 09:15AM)  
**Location:** TMHS Annex Bridge  
**Race Contact:** Myron Davis  
9073211988  
myrond@gmail.com

join JTRR <https://southeastroadrunners.org/> results online: <https://jtrr.org/event/2014/race/151>

## Course Description:

### Common for both 1 and 5 mile courses:

Start at TMHS near entrance to track area run counterclockwise around outside of track to footbridge Turn right and go over footbridge to junction with Brotherhood Bridge Trail MP 0.42 Turn left at junction of Brotherhood Bridge Trail and footbridge junction Run toward BBT parking lot. **goto distance choice then return here** Run back on BBT to footbridge junction cross footbridge Once across footbridge, turn left and retrace trail around outside of TMHS track and finish where started

**1 Mile:** 1/2 mi Turnaround is 0.08 miles from BBT and footbridge junction, BBT just starts to breakout in meadow (marked with pink surveyor's tape in tree branches on river side of trail) **return to common course description**

**5 Mile:** MP 0.91 Turnaround just before parking lot at pole with dog poop bag dispenser (marked with pink surveyors tape in tree branches on river side of trail) Run on BBT to north end and through parking lot and start up parking lot access road MP 3 Turnaround is second set of NoParking signs from parking lot **return to common course description**

## Distance

- 5 mile (5 miles)
- 1 mile (1 miles)
- volunteer - \$0

# ENTRY FORM

## ENTRY FEES

**Kids 18 & Under - \$1**

**Adults Day of Race - \$10**

## SPONSORED BY

**Juneau Trail and Road Runners**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

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

Age on 7/1/2014 \_\_\_\_\_

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 in consideration 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 any other 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** \_\_\_\_\_