

2018 JANUARY FREEZE 10K SERIES
Complete form for each entrant and bring on race morning

Last Name _____ First Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ E-Mail Address _____

Sex M F (Circle one) **Age as of Jan. 1, 2018** _____

Waiver: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I assume all risks associated with running this event including, but not limited to falls, contact with other participants, contact with vehicular traffic, contact with spectators, the effects of weather and the conditions of the road. All such risks are known and appreciated by me. 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 Triple Cities Runners Club, Broome County Government, race organizers, sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though liability may arise out of negligence or carelessness on the part of the persons named in the waiver. For safety reasons, the use of headphones is strongly discouraged.

Signature _____ Date _____

Parents/Guardians Signature (if under 18 years old) _____ Date _____

BIB _____

REMINDER-KEEP YOUR BIB AND USE IT EACH WEEK

TCRC Member - YES (2018 Membership) or NO.

If YES, the RACE FEE is FREE

If NO, the RACE FEE is \$10.00 (Covers all 4 weeks)

_____ **TOTAL MONEY COLLECTED**