

24-HOUR AROUND THE LAKE TEAM RELAY ROSTER AND LIABILITY RELEASE

Complete this form and return to:
24-Hour Around the Lake Relay
c/o Noel Clarke
19 Montrose St
Somerville, MA 02143

TEAM INFORMATION

Team Name

Team Captain

TEAM CATEGORY (circle one)

MEN

WOMEN

MIXED (min 3 women)

1.

Name (please print)

2.

Name (please print)

Address

Address

City, State, Zip

City, State, Zip

Gender (M/F)

Age on Race Day

Gender (M/F)

Age on Race Day

Telephone Number

Telephone Number

E-mail

E-mail

3.

Name (please print)

4.

Name (please print)

Address

Address

City, State, Zip

City, State, Zip

Gender (M/F)

Age on Race Day

Gender (M/F)

Age on Race Day

Telephone Number

Telephone Number

E-mail

E-mail

24-HOUR AROUND THE LAKE TEAM RELAY ROSTER AND LIABILITY RELEASE

Team Name

Team Captain

5. _____
Name (please print)

6. _____
Name (please print)

Address

Address

City, State, Zip

City, State, Zip

Gender (M/F)

Age on Race Day

Gender (M/F)

Age on Race Day

Telephone Number

Telephone Number

E-mail

E-mail

7. _____
Name (please print)

8. _____
Name (please print)

Address

Address

City, State, Zip

City, State, Zip

Gender (M/F)

Age on Race Day

Gender (M/F)

Age on Race Day

Telephone Number

Telephone Number

E-mail

E-mail

Race reserves the right to reject any entry. No refunds or transfers.

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Team Name

Team Captain

Liability and Publicity Release: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, all such risks being known and understood by me. I am aware that medical support for this event will be provided by volunteer personnel who may be called upon to provide assistance, including first aid, to me during the event. I authorize any such volunteer to assist me or to perform such assistance as, in the opinion of such person, may be necessary or appropriate. I understand that the Somerville Road Runners assumes no responsibility or liability with respect to my participation in this event. I agree, however, to abide by any decision of any race official relative to my ability to safely complete the run. I hereby grant permission to the Somerville Road Runners and its sponsors to use any photographs, motion pictures, recordings or any record of this event for legitimate purposes. I agree to abide by the rules of this race as stated in all official race information. 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, do hereby release and discharge the Somerville Road Runners, the Town of Wakefield, Quannapowitt 591, Quannapowitt 595, Quannapowitt 607, Lakeside Vista LLC, and all sponsors, representatives (including event volunteers), and employees of any of them, 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.

ALL TEAM MEMBERS MUST SIGN

* Parent/guardian must sign if entrant under 18

- | | |
|---|---|
| 1. _____ Team Member or Parent/guardian* Date | 2. _____ Team Member or Parent/guardian* Date |
| 3. _____ Team Member or Parent/guardian* Date | 4. _____ Team Member or Parent/guardian* Date |
| 5. _____ Team Member or Parent/guardian* Date | 6. _____ Team Member or Parent/guardian* Date |
| 7. _____ Team Member or Parent/guardian* Date | 8. _____ Team Member or Parent/guardian* Date |