

5th ANNUAL CD XC ALUMNI RACE

Name: _____ T-Shirt Size: _____
(Please Print)

Street Address: _____

City: _____ State: _____ ZIP: _____

Email address: _____

Graduation Year: _____ Age on race day: _____ DOB: _____

Waiver

I know that running a race is a potentially hazardous activity. I will not enter this race and run unless I am physically capability, medically able and properly trained. I agree to abide by any decision a race official may have relative to my ability to safely complete the run. I assume all risks associated with running this race, including, but not limited to, falls, contact with other participants, effects of weather, traffic, and terrain conditions. All such risks are known and appreciated by me. Having read this wavier, 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 Central Dauphin School District and Cross Country team and all sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this race, even though such liability may arise out of negligence or carelessness on part of the persons named in this waiver.

Signature: _____ Date: _____

Parent's Signature: _____ if under 18.