

49TH ANNUAL WINDSOR KIWANIS SHAD DERBY

3 Mile ROAD RACE and 1.5 Mile Fun Walk

SATURDAY MAY 18, 2019 10 AM

Location: Windsor CT Center Corner of Elm and Broad Streets

Registration opens 8 AM day of race

Preregistration \$20, DOR \$25 (13 years and older)

12 years and younger \$15

Preregistration closes 6 PM Thursday May 16, 2019

T-Shirts to the first 100 paid Registrants

Medallions for the runner division place (1st thru 3rd) winners

Send registration form and check to: WARREN CARDONE, 261 CARRIAGE WAY, WINDSOR, CT 06095

MAKE CHECKS PAYABLE TO: THE WINDSOR KIWANIS CLUB

LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>
STREET	<input type="text"/>		
CITY	<input type="text"/>	STATE	<input type="text"/>
E MAIL	<input type="text"/>		

TEE SHIRT SIZE: MEDIUM ___ LARGE ___ X-LARGE ___

PLEASE INDICATE: RUNNER: ___ WALKER: ___ GENDER: ___ (M or F) AGE: ___

ENTRANTS MUST PROVIDE AGE, GENDER AND EVENT ON THIS FORM TO BE CONSIDERED FOR AN AWARD. IF THE FORM IS INCOMPLETE, INACCURATE OR ILLEGIBLE THIS MAY BE CAUSE FOR DISQUALIFICATION.

RACE WAIVER

I know that running /walking a road race is a potentially hazardous activity. By my signature below, I represent that I am medically able and property trained. I know that although there will be police protection, there will also be traffic on the course. I assume all risk associated with my running this event, including but not limited to: falls, contact with other participants, (race officials or bystanders), the effects of the weather, including high heat or humidity, traffic and road conditions, all such risks being 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 any one acting on my behalf, waive and release the race directors, The Windsor Kiwanis Club its officers, directors, agents, volunteers and employees, Kiwanis International, the Town of Windsor, Loomis Chaffee School, SNEAA, all sponsors, volunteers, medical personnel and anyone acting on their behalf, from all claims or liabilities of any kind arising out of my participation in this event though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Additionally, I grant permission to the Race Director to use or authorize the use of any photo, motion picture or video recordings of this event for any legitimate purpose. I understand that bicycles, skateboards, roller skates, inline skates, animals and audio headsets are not allowed in the event and that I will abide by this guideline. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness, prior, during or after the race resulting from my participation in the event. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

SIGN HERE: _____ DATE _____

Signed Parent or Guardian (For Participants under 18) _____

NO APPLICATION ACCEPTED WITHOUT A SIGNATURE