



Comox Valley Road Runners

LEARN TO RUN CLINIC 2020

NAME _____

ADDRESS _____

PHONE# _____ EMAIL _____

CONTACT NAME _____

CONTACT PHONE# _____

T-shirt Size: S M L XL Female _____ Male _____

Registration fee:

\$50.00 before January 18, 2020

\$55.00 after January 17, 2020

I know that running is potentially a hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and by my signature, I certify that I am medically able to participate in this event and am in good health. I agree to abide by any decision of a Club official relative to any aspect of my participation in this event. I understand that animals and headsets are not allowed during this event and I will abide by this guideline. Having read this waiver and knowing these facts and in consideration of your accepting my registration I for myself and anyone entitled to act on my behalf waive and release the Comox Valley Road Runners 5K Running Clinic in the City of Courtenay and their sponsors, volunteers, 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. 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 purpose and indemnify each and all parties herein referred to above from all liability loss, cost, claim or damage whatsoever as a result of my actions referenced herein.

Signature _____

Date _____

Under 18 Parent/Legal Guardian Signature _____