

**CT Half Marathon – Run for Charity**

 **Registration Form**

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Name\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Declaration

*I know that running a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and physically fit. I agree to abide by any decisions of a race official relative to my ability to safely complete the run. I assume all risks associated with running/walking in this event including, weather conditions, such as high heat or humidity, traffic and the condition of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting entry, I, for myself and for anyone entitled to act on my behalf, waive and release CT Group of Institutions from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the forgoing to use any photographs, motion pictures recordings, or any other record of this event for any legitimate purpose*

Signature