



## MAY 11, 2019 CT RACE IN THE PARK Official Entry Form

Individual and Team **MAIL-IN** registration closes: 5/3/19  
 Individual and Team **ONLINE** registration closes: 5/7/19



**PLEASE PRINT CLEARLY. One Entry Form Per Person.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Female  Male DOB \_\_\_\_\_ Age on 05/11/19 \_\_\_\_\_

Please check Event & T-Shirt Size:

**EVENTS**

- Female and Male 5K Run  
 1 Mile Walk  4K Walk  
 Kids' Challenge

**T-SHIRTS** Check one

- Size availability cannot be guaranteed.*  
 Adult  S  M  L  XL  XXL  
 Youth  S  M  L No Shirt

**TEAM INSTRUCTIONS**

(Suggested minimum 5 participants)  
 Choose a team captain who can either: Register the team ONLINE or download the official Team Roster Form and Team Captain Instructions at [www.ctbhi.org](http://www.ctbhi.org).  
 Team members can register online **OR** complete this entry form, sign it, and **submit it with payment to the team captain.**

**Registration Check List**

- ✓ Make Checks payable to:  
CT RACE IN THE PARK  
(Please use separate checks for pledges)
- ✓ Mail to: **CT BHI, INC.**  
185 Main Street  
New Britain, CT 06051
- ✓ Entry fees are not refundable, transferable, or tax deductible.

Category	Age	Preregistration until 5/3/19	5/4/19 - RACE Day	Amount Enclosed
Healthcare Professionals		\$ 100.00	\$ 100.00	\$ _____
Adult	18+	\$ 30.00	\$ 35.00	\$ _____
Youth	0-17	\$ 15.00	\$ 15.00	\$ _____
Mail my Packet (Request by April 22)		\$ 15.00		\$ _____
As a registered RACE participant & survivor, I will bring 1 guest to the breakfast		\$ 15.00	\$ 15.00	\$ _____
Additional Tax Deductible Donation of _____		\$50 _____ \$25 _____ \$15 _____ other _____		\$ _____
<b>TOTAL AMOUNT ENCLOSED</b>				\$ _____

**Make checks payable to: CT RACE IN THE PARK** Please use a separate check for pledges.

I am interested in volunteering. Please send info.

**Survivors, your numbers count!**

I am a breast cancer survivor of \_\_\_\_\_ years.  
 As a registered RACE participant & survivor, I plan to attend the RACE Day Survivor Breakfast at 7:45 AM

**RACE WAIVER AND RELEASE (Participant must sign in order to participate in Race)**

I know that running/walking is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I hereby certify that I am in good health and I have trained to run/walk the distance of the race, which I am entering. I assume all risks associated with running/walking in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions 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 my entry into this running/walking race, I, for myself and anyone entitled to act on my behalf, waive and release the CT Breast Health Initiative, Inc., its officers, directors, agents, volunteers and employees, the Hartford Marathon Foundation, Inc., its officers, directors, agents, volunteers and employees, all states, cities, countries or other governmental bodies or locations in which events or segments of events are held, all sponsors, 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 any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I understand that bicycles, skateboards, baby joggers, roller skates or inline skates, animals, and radio headsets are not allowed in the event and I will abide by this guideline.

**X**

Signature (Parent's or Guardian's Signature if under age 18)

Date

**FOR OFFICIAL USE ONLY** Batch# \_\_\_\_\_ Ck Amt \_\_\_\_\_ Cash \_\_\_\_\_

Date Entr \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Rec \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ck # \_\_\_\_\_ Entr By \_\_\_\_\_