

**\*NORWICH RECREATION DEPARTMENT'S  
LABOR DAY RACE 2017 - STUDENT Registration Form  
for 17 years & under; one form per person**

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ DOB \_\_\_\_\_ Age (on 9/4/17) \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Emergency Contact & # \_\_\_\_\_

**Entry Fee: \$2 for 10 & under; \$5 for 11 & up or \$10/family**

**RACE DISTANCE: Please CIRCLE one: 2.2 miles or 10K**

Dear Parent or Guardian,

In the event that your child needs medical attention, we will try to notify you. If you cannot be reached, or time or circumstances do not permit, we will take your child to a medical facility close-by. We will try to contact you as soon as possible, in the event of injury to your child.

**Norwich Recreation Release Agreement:** The undersigned, being the parent or legal guardian of \_\_\_\_\_ (my child's name), allows my child to participate in the Labor Day Road Race, and agree that no claim will be made by the undersigned, on behalf of myself or my child, for personal injuries or other losses sustained by my child as a result of my child's participation in the above race. In the case of an emergency, I hereby give permission to the staff of the medical facility treating my child to administer all necessary treatment for my child. I, for myself and my child, release the Town of Norwich, the Norwich Recreation Council & Department, their officers, Director, volunteers, as well as the Norwich Police Department from any liability for personal injury, or property damages resulting from, or occurring during this race. The undersigned acknowledges that my child's participation in the Labor Day Road Race may reasonably be considered a dangerous activity. I also hereby grant permission to use any photographs of my child taking part in the day's event for Town/Recreation purposes (website, town report, local publications, etc.). I understand that my child or I must be present to receive any awards granted.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

List any allergies, medications, or health problems: \_\_\_\_\_

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**\*MAIL FORM(s) & PAYMENT TO:** "Town of Norwich - Recreation", P.O. Box 1137  
Norwich, VT 05055 or drop off in the Recreation mailbox slot in the Town Clerk's  
office, downstairs in Tracy Memorial Hall - Main St. Norwich, or bring to race on Sept. 4th.

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**\*NORWICH RECREATION DEPARTMENT'S  
LABOR DAY RACE 2017 - ADULT Registration Form  
for those 18 & over; one form per person**

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ DOB \_\_\_\_\_ Age (on 9/4/17) \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Emergency Contact & # \_\_\_\_\_

**Entry Fee: \$5 for 11 & up or \$10/family**

**RACE DISTANCE: Please CIRCLE one - 2.2 miles or 10K**

**Norwich Recreation Release Agreement:**

I, the undersigned, with respect to the race listed above, agree that no claim will be made on my behalf for personal injuries, property damage or other losses. I release the Town of Norwich, the Norwich Recreation Council & Dep't, their officers, Director, coaches, teachers, employees, instructors and volunteers as well as the Norwich Police Department from any liability for personal injury or property damages resulting from my participation in this race. I acknowledge that running is a potentially hazardous activity and that I should not enter this race without being medically and physically able, trained and ready. I assume all risks associated with running. I recognize that participation in the above program may reasonably be considered a dangerous activity. I also hereby grant permission to use any photographs of me taking part in the day's event for Town/Recreation purposes (website, town report, local publications, etc.) I understand that I must be present to receive any awards granted.

Signature \_\_\_\_\_ Date \_\_\_\_\_

List any allergies, medications, or health problems: \_\_\_\_\_

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