

2008 KRRR Road and Trail Series

Resolution 8K Run, January 6
Twosome 5K Run, February 10
KidFest Half Marathon & 5K, Apr 26-27
Run With The Wild 5K X-Country, May 11
Beat Beethoven, June 1

K's for Kids, June 15
Limestone Mile, July 1
Brockville ½, Sept 6
Hotel Dieu 5 and 10km, Sept 21
Anniversary 10km, November 2

Name: _____ Sex: Male ___ Female _____

Address:

City: _____ Postal Code: _____ Phone: _____

Age on Jan. 1, 2008: _____

Contact me about next year's race (email) _____

Entry Fees:

Donate to the Canadian Diabetes Association! Total donations of \$40 or more will receive a charitable receipt, race entry, and t-shirt! (donation sheet on reverse) __

Pre Registered Non Member -\$20 __ Member of KRRR - \$17 __

On Race Day Everyone - \$25 __ Waive KRRR discount and donate to charity? __

Contact James, 613-532-9600 or montana16t@hotmail.com for more information

NO REFUNDS

T-Shirts Size: M L XL (Register by May 1, 2008)

**** Make cheque payable to CANADIAN DIABETES ASSOCIATION ****

Mail To: Canadian Diabetes Association
555 Sackville Crescent, Kingston ON K7M8W3

Drop Off: Runner's Choice, Kingston

WAIVER: In consideration of your accepting my entry, or the entry of my child or ward, I, for myself, my heirs, my child or ward, my executors, and administrators of those of my child or ward, do hereby release and forever discharge the Canadian Diabetes Association, the Cataraqui Region Authority (Lemoine's Point), the Kingston Road Runners Association, the race director and race committee, sponsors, or their representatives, agents and employees, competitors and persons associated with the event from and against any kind of actions, claims, and costs with respect to death, injury, loss or damage, occurring prior to, during, or subsequent to the event, to my person or property however caused and not withstanding that the same may have contributed to or occasioned by the negligence of any of the aforementioned. I acknowledge that I have read and agree to the Waiver of Liability above.

Signature: _____

Date: _____

Signature of Parent/Guardian (if entrant is under 18) _____ **Date:** _____

Check out the KRRR website at www.krra.org for information on running activities in and around KINGSTON

Know who to turn to



Canadian Diabetes – Run With The Wild Pledge Form

Name of Donor	Address (Please print clearly)	Phone Number	Amount Pledged and Remitted	Receipt Required?	Cheque Number, Cash? Or Credit Card / Expiry Date

Total Pledged and Remitted \$