



2017 KGH TRAUMA 10K REGISTRATION

(BIB # _____)

Please PRINT CLEARLY using block letters

KRRRA MEMBER: Yes ___ No ___ (KRRRA members deduct \$5 until Apr. 27)

GENDER: Male: ___ Female: ___

SHIRT SIZE: S M L XL

Unisex souvenir race shirt for entries received by April 14, 2017

RACE KIT PICK UP: Sat., Apr. 29 at MacDonald Park (at the foot of Emily St.) starting at 3:00 pm

Race starts at 5:00 pm.

FEES:	<u>pre-Jan 31</u>	<u>Feb 1 – Mar 31</u>	<u>April 1 - 28</u>	<u>Apr 29</u>
10K Run:				
KRRRA Members	\$25	\$35	\$45	\$50
Non-members	\$30	\$40	\$50	\$50

PLEASE ATTACH CHEQUE ONLY (Payable to: KRRRA)

Last Name _____ First Name _____

Address _____

City _____ Prov/State _____ Postal Code _____

Phone _____ Email _____

DOB: _____ Age on Jan. 1, 2017 _____
Day Month Year

EMERGENCY CONTACT: Name: _____ Phone: _____

RELEASE WAIVER AND INDEMNITY:

I hereby for myself, executors and administrators, waive, release and forever discharge any and all rights and claims that I may have, or which may hereafter accrue to me, City of Kingston, Kingston Road Runners Association, Runners' Choice, Kingston City Community Police Volunteers, Kingston City Police, Royal Military College, the race directors and race committee, sponsors or their representatives, agents and employees, competitors and persons associated with the event arising from any injuries suffered by me in conjunction with these races. I also attest that I am physically fit to participate in these events.

NO REFUNDS AND NO TRANSFERS BETWEEN SATURDAY RACES AND SUNDAY RACES

Check to agree to waiver: _____

Signature of Parent or Guardian if entrant under 18 years)

<http://www.krrra.org/half/half.php>