



KRRRA CANADA DAY LIMESTONE MILE



Pam Mundell
FINANCIAL PLANNING SERVICES



CHARITY INITIAL

REGISTRATION

RACE: MEN: WOMEN: KID'S under 14: CLIPPER KIDS: (check one)

KRRRA MEMBER: Yes No (KRRRA members deduct \$10 until June 28th)

GENDER: Male: Female:

ENTRY FEE: Earlybird is \$20 for Men's & Women's races until June 1st; \$25 until Race Day.

\$10 KRRRA membership discount applies until June 28th, 2015.

Race Day registration is \$28. Kids UNDER 14 (as of Jan 1st, 2015) fee is \$5.

Kingston Clippers soccer players under 14, who wear this year's jersey, race free.

Please make cheques payable to "KRRRA".

Join the **Kingston Road Runners Association** before July 1st, 2015 to be eligible for the KRRRA Race Series cash prizes and awards in six categories. KRRRA Membership pays for itself in two races.

I'd also like to register myself (\$20) _____ or my family (\$30) _____ as a **KRRRA Member** and am adding the additional amount to my race fee. (Please note "membership paid" on cheque).

Last Name _____ First Name _____

Address _____

City _____ Prov/State _____ Postal Code _____

Phone _____ Email _____

DOB: _____ Age on Jan. 1, 2014 _____ Shirt cut: Men Women
Day Month Year circle one: S M L XL XXL

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 Corporation of the City of Kingston, the Kingston Road Runners Association, Kingston City Community Police Volunteers, Kingston City Police, the race directors 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.

Check to agree to waiver: _____
Signature of Parent or Guardian if entrant under 18 years)



MY TEAM I am running as part of a team of 4, (2 females min). **TEAM NAME** _____

RUNNER #1 _____ **RUNNER #2** _____

RUNNER #3 _____ **RUNNER #4** _____

Drop off at **Runners' Choice 56 Brock St.** or mail to: **KRRRA PO Box 1412, Kingston ON K7L 5C6**