

BIB # _____ (Assigned by Volunteer)

Coventry's 5K XC Run & Walk

June 25, 2022 - Milton, VT - 11:00 AM

Place: Coventry Club, 20 Abbey Lane, Milton, Vermont 05468 **Phone:** (802) 893-7773

First name: _____ Last name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: (____) _____

Age on Race Day: _____ Gender: Male Female

This is my first Coventry race. I am returning Coventry race participant.

Race Participant Entry Fee: \$40 - Checks payable to Coventry Club & Resort

Guest Mail to: Coventry Club, 20 Abbey Lane, Milton, VT 05468

Waiver Must Be Read And Signed: In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director and all of their agents assisting with the event, Coventry Club & Resort, The Town of Milton, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that running a road or trail race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road or trail race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, video or electronic recording of this event for legitimate purposes. Race fee's are non-refundable.

By signing below, I / We agree to the waiver above:

Signature (Race Participant): _____ Date: _____

Signature (Parent/Guardian if under 18): _____ Date: _____