A Time to Give 2011
Registration Form

Name:_____

Address:_____

City:_____ **State:**_____**Zip Code:**_____

Phone: (_____)_____**Email:**_____

Race **Sex:** M F
1K 5K 10K **Age:**_____(Race Day) **D.O.B**._____

Make checks payable to: Connor B Turnbaugh Foundation
Adult: $20.00 Child: $5.00

Mail to: **Connor B Turnbaugh Foundation**
A Time to Give 2011
186 Eastry Court
Charlotte, VT 05445

Athlete Waiver and Release of Liability

I know that running in a road race is a potentially hazardous activity, and that I should not run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely compete in this event, including, but not limited to: falls, contact with other participants, traffic and the conditions of the road and course, all these risks being known and appreciated by me. I have read this waiver and knowing these facts, and in consideration of being permitted to participate in the A Time to Give event, I, for myself and for anyone entitled to act on my behalf waive and release the Connor B Turnbaugh Foundation, its administrators, volunteers and other participants and owners and lessors of premises used to conduct this event, from all claims or liabilities of any kind arising out of my participation in the event. I consent to allow my picture or likeness to appear in any official documentary or coverage of the A Time to Give event.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDING THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND DO SO VOLUNTARILY.

_____ _____
Participant/Guardian signature Date