



# The **FASTEST** Kid In Town



Springfield, Vermont

**Saturday, October 12, 2019 – 12:00 p.m.**

- **DATE:** Saturday, October 12, 2019
- **TIME:** 12:00 p.m.
- **PLACE:** Riverside Middle School Fields during the Apple Festival
- **REGISTRATION AND FEES:** Runners may pre-register at the Edgar May Health and Recreation Center or the day of the event at 11:00 a.m. This event is FREE to all participants.
- **T-SHIRTS/MEDALS:** T-shirts will be provided to each participant with medals being awarded to the top boy and girl finishers in each division
- **AWARDS:** Medals will be provided to the top boy and girl finishers in each division.
- **POST RACE CELEBRATION:** Awards will presented immediately after the event.
- **FOR MORE INFORMATION:** Sarah Tilden or Christian Craig at 802-885-2568 or [info@myreccenter.org](mailto:info@myreccenter.org)

## OFFICIAL 2019 Fastest Kid in Town Race ENTRY FORM

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Sex: M F

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ T-shirt size: XS S M L XL (youth size)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

In case of emergency, call: \_\_\_\_\_  
(Name) (Phone)



**ATHLETE/VOLUNTEER'S RELEASE & WAIVER**

**PLEASE READ CAREFULLY**

**TO RUN THE RACE, PARTICIPANT AND/OR A PARENT/LEGAL GUARDIAN  
MUST SIGN AND DATE THIS RELEASE & WAIVER**

I understand that running and/or volunteering to work at (“participating”) in the Fastest Kid in Town Race (“Race”) is a potentially hazardous activity.

I should not participate, or allow my child to participate, in the Race unless they are medically able and properly trained.

I agree to abide by any and all decisions of Race officials relative to my or my child’s ability to safely participate or volunteer in the Race.

I understand and assume all risks associated with participating in in the Race, including but not limited to injury, falls, contact with other participants, wildlife encounters, the effects of weather, including high heat or humidity, ice and snow, the condition of the road and traffic on the course, and other unforeseen incidents, all such risks being known and appreciated by me.

Having read this Release & Waiver and knowing these facts, and in consideration of the acceptance of this application, I, for myself and anyone entitled to act on my behalf, waive and release THE EDGAR MAY HEALTH AND RECREATION CENTER (EMHRC), their respective employees, representatives, agents, sponsors, successors and members, from any claims, liabilities, losses, damages and expenses of any kind or nature arising out of my participation in the Race, even though said liability may arise out of negligence or carelessness on the part of the persons and/or entities named in this Release & Waiver or otherwise.

I agree that this Release & Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Vermont and that this Release & Waiver shall be governed by and interpreted in accordance with the laws in the State of Vermont. I agree that in the event that any clause or provision of this Release & Waiver shall be held to be invalid by any court of competent jurisdiction, the validity of such clause or provision shall not otherwise affect the remaining provisions of this Release & Waiver which shall continue to be enforceable.

I also grant permission to EMHRC and/or sponsors to use any photograph, motion picture, recording or any other record of this event for any legitimate purpose.

\_\_\_\_\_  
Name of Athlete/Volunteer                      Signature of Athlete/Volunteer                      Date

\_\_\_\_\_  
Name of Parent/Legal Guardian                      Signature of Parent/Legal Guardian                      Date