



First Name: _____ Last Name _____

Street Address or PO Box: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home Phone: _____

Email Address: _____ Sex: ___M ___F

Date of Birth: ____/____/____ Age by December 31, 2019 _____

Division Choice: Please check event and division: Individual

Sunday, May 19, 2019 Vermont Sun Run 5K \$25 _____

Sunday, May 19, 2019 Vermont Sun Run 10K \$25 _____

**Sunday, May 19, 2019 Vermont Sun Run
Half Marathon** \$50 _____

TOTAL _____

Please send completed registration form and check made payable to VERMONT SUN:
Vermont Sun, 812 Exchange St, Middlebury, VT 05753

Refund Policy: Registrations may be transferred to another race within the current years' series providing it is requested prior to race day for a fee. Absolutely no refunds or transfers into the 2020 season.

**2019 WAIVER AND RELEASE OF LIABILITY,
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

1. I hereby represent that (i) I am in good health and in proper physical condition to participate in the Event; and (ii) I am not under the influence of alcohol or any illicit or prescription drugs which would in any way impair my ability to safely participate in the Event. I agree that it is my sole responsibility to determine whether I am sufficiently fit and healthy enough to participate in the Event.

2. I agree to be familiar with and abide by rules and regulations for the event. I understand the physical and mental rigors associated with the event. I agree that I'm undertaking this event at my sole risk and that Vermont Sun LTD and the event sponsors shall not be liable for any claim, injuries or cause of action, what so ever, to my person or property arising out of my participation. I hereby expressly forever release and discharge Vermont Sun LTD., from all such claims of action against Vermont Sun LTD., it's servants, agents or employees.

3. By signing this waiver I grant Vermont Sun and/or event sponsors permission to use photographs taken of me before, during or after an event for advertising or promotional purposes.

PRINTED NAME OF PARTICIPANT: _____ **AGE:** _____ **DATE OF BIRTH:** ____/____/____

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE (required if participant is under the age of 18): _____

DATE: _____

Parent and/or Legal Guardian to the minor identified above, I hereby accept and agree to all of the terms and conditions of this Agreement in connection with the minor's participation in the Event(s). If, despite this Agreement, I, or anyone on the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities which any may be incurred as the result of such claim.