



**SAME DAY
Registration Form 2020**
COST: \$5 cash only

CATEGORY REFERENCE: YEAR OF BIRTH					
U6	U8	U10	U12	U15	U18
2015 & higher	2014 2013	2012 2011	2010 2009	2008 2007 2006	2005 2004 2003

PLEASE FILL OUT THE FOLLOWING INFORMATION

Runner 1:	Category: <input type="radio"/> U6 <input type="radio"/> U8 <input type="radio"/> U10 <input type="radio"/> U12 <input type="radio"/> U15 <input type="radio"/> U18				
Year of Birth:	Sex: <input type="radio"/> Male <input type="radio"/> Female		Bib#:		
School:	Team:				
Runner 2:	Category: <input type="radio"/> U6 <input type="radio"/> U8 <input type="radio"/> U10 <input type="radio"/> U12 <input type="radio"/> U15 <input type="radio"/> U18				
Year of Birth:	Sex: <input type="radio"/> Male <input type="radio"/> Female		Bib#:		
School:	Team:				
Runner 3:	Category: <input type="radio"/> U6 <input type="radio"/> U8 <input type="radio"/> U10 <input type="radio"/> U12 <input type="radio"/> U15 <input type="radio"/> U18				
Year of Birth:	Sex: <input type="radio"/> Male <input type="radio"/> Female		Bib#:		
School:	Team:				
Runner 4:	Category: <input type="radio"/> U6 <input type="radio"/> U8 <input type="radio"/> U10 <input type="radio"/> U12 <input type="radio"/> U15 <input type="radio"/> U18				
Year of Birth:	Sex: <input type="radio"/> Male <input type="radio"/> Female		Bib#:		
School:	Team:				
Address:					
City:		Postal Code:		Phone:	
Parent/Guardian Name:					
E-mail					

PLEASE READ THE FOLLOWING

Understanding of Risk and Release of Responsibility

I understand that participating in a road race is a potentially dangerous event. Further, the weather, footing and vehicle traffic conditions may be adverse and greatly increase the danger. I certify that I am medically fit to participate without risk to myself or others. I understand that I am totally responsible for my own safety.

In consideration of my being permitted to participate in the Race, I hereby remise, release and forever discharge, waive and save harmless, protect and indemnify the Race Organizers, Athletics Canada, Athletics Nova Scotia, Sport Nova Scotia, Run Nova Scotia, Youth Running Series, any and all clubs, associations, sanctioning bodies, sponsors, participants, competitors, entrants and all respective agents, officials, volunteers, servants, and representatives from and against any and all kinds of action claims, costs and expenses and demands in respect of death, injury, loss or damage to my person or property howsoever caused as a result of my being permitted to attend or in any way take part prior to, during or subsequent to the Race, whether as an entrant, competitor, spectator or otherwise, notwithstanding that some may have been contributed to or occasioned by the negligence of any of the aforesaid, their agents, officials, servants or representatives. Further, I hereby grant permission to any of the above to disseminate photographs or other race result information to the public, through any medium they so choose, from time to time. All participants become event members of Run Nova Scotia for the duration of this event.

By submitting this entry, I acknowledge having read, understood and agreed to the above. This document will bind my heirs, executors, administrators, successors, and assigns.

Signature: _____ Date: _____

(Parent or Guardian, if runner is under 18 years of age)

