

Paul Reese Memorial Clarksburg Country Run, Sunday, Nov. 8, 2009

www.clarksburgcountryrun.com

• One person per entry; photocopies OK • Do not staple check to form • Mail before Oct. 30, 2009

FIRST NAME LAST NAME

Age on 11/08/09 BIRTHDATE (MO/DAY/YR) / / GENDER Male Female

ADDRESS Apt. No.

CITY STATE ZIP

DAY PHONE Circle Shirt Choice Adult: S M L XL XXL Child: M L

CHECK EVENT Historic 20 Mile Half Marathon 30 km Three-person relay 30 km 5 km Kids Fun Runs
 CHECK IF SPECIAL DIVISION Clydesdale/Filly Wheelchair Race Walker ^{30 km}/_{5 km}

EMAIL ADDRESS

Complete if competing in PAUSATF 30 km Championship: Your USATF # Your USATF Team Name or Number

Liability and Publicity Release: I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a program official relative to my ability to safely complete this race. I assume all risks associated with running/walking in this race including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application for membership, I, for myself and anyone entitled to act on my behalf, waive and release, Team Sweeney, Inc. (dba Fleet Feet Sports Sacramento), Fleet Feet Event Management, Clarksburg Country Run, Yolo County, River Delta Unified School District and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in these race activities even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals, and radio headsets are not allowed in the race and I will abide by this and all other race rules. I grant permission to all foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

SIGNATURE: DATE: Parent/Guardian if under 18:

Official Use

Race Entry Fees:

Clarksburg Country Run
20 Mile, 30 km or Half Marathon
 \$45 if postmarked by 10/27 \$ _____
 \$55 if mailed after 10/27 \$ _____
 (Race day \$55)

5 km – Run/Walk
 \$30 if postmarked by 10/27 \$ _____
 \$35 if mailed after 10/27 \$ _____

30 km Three-person relay
 enclose form for each person
 \$80 if postmarked by 10/27 \$ _____
 \$95 if mailed after 10/27 \$ _____

Kid's Fun Runs – ages 12-under
 \$15 if postmarked by 10/27 \$ _____
 \$17 if mailed after 10/27 \$ _____

TOTAL ENCLOSED \$ _____
 Make payable to "Fleet Feet Events"

Mail Form with Payment to:
 Please do not mail after Friday, Oct. 30th.
 Fleet Feet Events
 2311 J Street
 Sacramento, CA 95816