



5th Annual EcoHusky 5k Road Race

Registration Form

When: Sunday, April 11, 2010
11:00 AM (Registration 9:30 AM - 10:45 AM)

Where: Horsebarn Hill Arena Parking Lot (UConn)

Why: To support UConn's new Campus Sustainability Fund and EcoHusky Student Group

Course: A scenic 5K run or 1.5 mile walk.

Fees: Students: \$10.00
 Non-Students: \$15.00 before March 23rd
 \$20.00 after March 23rd

All proceeds to benefit the EcoHusky Student Group!
Corporate Sponsors will donate to the new Campus Sustainability Fund

Mail Entry Fee to *The Last Mile at 98 Ivan Hill Street Willimantic, CT 06226*

Make Checks Payable to: *The EcoHusky Student Group*

Prizes and awards to top finishers in each division

Divisions (M and F): Under 14, 15-18, 19-25, 26-45, 46+

For more information please contact Charlie Olbrias:

Phone: (860) 456-4451

Email: timing@thelastmileracing.com

Online registration and more info at: www.thelastmileracing.com or www.ecohusky.uconn.edu

I, _____ the undersigned by registering in Ecohusky 5000 Road Race, understand the nature and risks associated with participation in this activity. I am aware that participation is at one's own risk. I acknowledge that the activity, equipment and facilities may pose significant risk of personal injury. I am also aware that each participant is responsible for his or her own safety. I hereby grant for myself, my heirs, executors, or administrators, waive and release any and all claims of damage we ever had or now have, against the Town of Mansfield, the University of Connecticut, the University of Connecticut Office of Environmental Policy, the Ecohusky Student Group, its successors and assigns, employees, agents and representatives and the Last Mile race Management, and the WAC for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by myself, while participating in this activity. I understand that the Town of Mansfield is not responsible for medical, hospital, emergency room or transportation expenses for any incidental illness or injury to the above named participant.

I certify that the information contained on this form is accurate and complete.

Name: _____ Age: (On race day) _____ Sex: _____

Address: _____ Town: _____ State: ____ Zip: ____

Phone: _____ Team (if applicable): _____

Signature: _____ Date: _____

*(Parent or guardian if under 18)

