

Willimantic Athletic Club's Boom Box Mile Entry form



Date - Tuesday, July 4th 2006

Time - 10:20 am

WAC Members Entry Fee - \$10 Members must register by **June 24th** to receive members price

Location - 627 Main Street (Willimantic River Athletic Club) CT, 06226

Make Checks Payable to - Windham Recreation

Mail form and entry fee to - 98 Ivan Hill Street Willimantic, CT 06226

Course description - this is a point-to-point course that runs along Main Street. It is relatively flat. Registration is at the finish line. There will be a shuttle to bring runners to the start line. (THERE WILL BE **NO** RACE REGISTRATION AT THE STARTING LINE)

This is Part of the Last Mile point Series

Awards for the top 3 runners in each age group

13 & Under	40-49
14-19	50-59
20-29	60-69
30-39	70+



The Boom Box Mile is proudly sponsored



For more information call Charlie Olbrias at 860-456-4451

E-mail: thelastmileracing@yahoo.com **Web** at www.thelastmileracing.com

I, _____ the undersigned by registering in Boom Box Mile 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 Windham, its successors and assigns, employees, agents and representatives and the Last Mile race Management, 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 Windham 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 (Last): _____ (Frist) _____ Age: _____ Sex: _____

Address: _____ City _____

State: _____ Zip: _____ Date: _____ Email: _____ WAC Member Y ___ N ___