5TH ANNUAL TRAIL TROT & FAMILY FUN WALK 2016 REGISTRATION

Saturday, April 16th – 9:00 A.M.

<u>Purpose:</u>	The Friends of the Cynwyd Heritage Trail are ho improvements to the Cynwyd Heritage Trail	osting the 5th annual 5k run and fami	ly fun walk to support
When:	Check-in starts at 8:00 AM with a race/walk sta	art of 9:00 AM; racers to go first, follo	wed by walkers
<u>Location:</u>	 Barmouth Trailhead – Levering Mill Rd. and Parking is available at Barmouth Trailhead, E 		Station
Entry:	RACE: \$25 online or by mail before April 14th WALK: \$25 online or by mail before April 14th		nily)
Awards:	RACE: Male and Female Overall AND 6 Age Grown WALK: All walkers under 18 receive a medal	oups, including 18 & under	
Amenities:	 All runners receive a T-SHIRT! Water on the course and a post-run snack/s This year's race/walk will take participants or 		
Registration:	 Online at www.brynmawrrunningco.com (cl Mail payment with this form to: P.O. Box 69 Cynwyd Heritage Trail". 	· -	
it. I also assume any weather, the conditi entry fee, I hereby fo organizers of this eve Heritage Trail, all oth behalf, or anyone els	y able & properly trained. I also know that there will be traff or all other risks associated with running or attending the ra ons of the roads and getting lost, all such risks being known a or myself, my heirs, executors, administrators or anyone else ent, all municipalities in which the all owners of properties there organizations directly or indirectly associated with the raise associated in any way with this race, from any or all claims he course of, my participation in this event. This waiver exte	ce including but not limited to falls, contact w and appreciated by me. Knowing these facts, a who might claim on my behalf, covenant not brough which the race crosses, the race comm ce, any or all sponsors including their agents, o s or liability for death, personal injury or prope	ith other participants, the affects of the and in consideration of your accepting my to sue, and waive, release and discharge the littee, volunteers, the Friends of the Cynwyd employees, assigns or any-one acting on their erty damage of any kind or nature whatsoever
Signature		(If under 18, Parent Guardi	an Signature) Date
Name:			
Email:	PLEASE PRINT CLEARLY		
Phone:			
	Address – Street	City	State Zip Code
Gender: [☐ Male ☐ Female Age on race da	ay:	

FRIENDS OF THE CYNWYD HERITAGE TRAIL