

**\*\*Agency use only\*\***  
Runner's Bib #



June 9, 2018 \* 9:30 am \*Globe Hollow Reservoir, 100 Spring St., Manchester, CT  
*Run, walk, or roll to show your support for a life without limits for people with disabilities!*  
Return to: 80 Whitney Street, Hartford, CT 06105 Attn: Sarah  
8-9 am On-site registration

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_ Age (on race day) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

How did you hear about UCP of Greater Hartford?  Facebook  Friend/Family member  Website

Please indicate which events you are participating in. Registration fee includes chip timing.

Individual Registration: \$25 until 5/31; \$30 after 5/31 until race day.

Team/Family of 4: \$85 until 5/31; \$100 after 5/31 until race day.

Team Name: \_\_\_\_\_

**\*\*Make checks payable to United Cerebral Palsy of Greater Hartford**

I have raised money online. Yes  No  I would like to add \$ \_\_\_\_\_ as a donation UCP.

Emergency Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**\*\*Please note: Race will be held rain or shine, registration fees will not be refunded. \*\*\***

United Cerebral Palsy, Inc., is a 501(c)(3) charitable, not-for-profit organization. Tax ID # 06-0737307. Donations are tax deductible to the fullest extent allowed by law. For more information, call (860) 236-6201 or visit [www.ucphartford.org](http://www.ucphartford.org) for info, forms or to donate online.

**PLEASE READ CAREFULLY AND SIGN:**

I fully understand that running this road race ("Event") is a potentially hazardous activity. I also understand I should not enter unless I am medically able and properly trained. I assume all risk(s) associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and conditions of the road, all risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I hereby waive and release: UNITED CEREBRAL PALSY, THE UNITED CEREBRAL PALSY AFFILIATE OF GREATER HARTFORD, THEIR AFFILIATES AND ANY AFFILIATED INDIVIDUALS, ANY EVENT SPONSORS AND THEIR AGENTS AND EMPLOYEES, INCLUDING THE TOWN OF MANCHESTER, CT, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT FOR ANY INJURY OR DAMAGES I MIGHT SUFFER, OR MY HEIRS, ASSIGNS OR THE LIKE, IN CONNECTION WITH MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT.

By entering into this Event and participating in this Event, I give my full consent and permission to UCP of Greater Hartford, Inc. its local affiliates, their sponsors and corporate sponsors, their successors, licensees, and assigns the irrevocable right to use, for any purpose whatsoever and without compensation, any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of the Event.

\_\_\_\_\_  
**Signature:** (guardian signature if under 18 years old)

\_\_\_\_\_  
**Print Name**