



1st Annual Griswold Wolverine 5 K Cross Country Classic

To help raise funds to support Freshman Sports at Griswold High School

October 30, 2011 @ 10:00 A.M.

at the Griswold High School Track,

5K cross country race (ages 11 and older) / 1000 m (ages 10 and under)

\$20 entry fee before October 30, 2011 - \$25 on race day.

(\$15 for Griswold elementary, middle, or high school students)

***** 5K race held on the challenging Griswold HS cross country course. *****

***** 1000 m race begins and ends on the running track. *****

***** Special middle school team competition (5 person team)*****

T-shirts to first 75 pre-registered entrants.

Make check payable to: 'Griswold Booster Club'

Mail to: 'Griswold XC Classic', c/o Griswold High School, 267 Slater Avenue, Griswold, CT 06351

Awards: 1000 m - Ribbons to all participants.

5K: Male/Female – junior (12-17); Open (18-29); Sub-master (30-39); Master (40-49); Grand-Master (50-59); Veterans (60-69), Trophies to top 2 middle school male and female teams.

Please enter me in the 1st Annual Griswold Wolverine Cross Country Classic Race. In consideration of this entry being accepted, I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Griswold Booster Club, the Griswold School District, representatives, successors, employees, volunteers, race sponsors, race directors and assigns for any and all injuries suffered by me at said road race. Any runner under 18 years of age must have parent's written consent in order to participate. I agree to abide by the race officials' directions regarding the use of the course and I understand and accept the risks of participating in a race like this which include, but are not limited to, accidental injury, traffic, heat, and dehydration. I attest that I and all listed dependants are physically fit and prepared for this event and agree that my entry fees, once paid, are non-refundable. I have read and agree to the terms of the waiver on this form.

Please print registration information neatly

Name: _____ Gender _____ Age (on day of race): _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____ Griswold Student? yes no

Middle School Team (if applicable) _____

Parent's Signature if under 18 years of age

Date

For more information contact Gerry Chester at gchester@griswoldpublicschools.org