



GOODWIN FOREST TRAIL RUN

Celebrating our 10th Anniversary

June 2, 2024 (Sunday); 9:00 AM

**Location: Goodwin Forest & Conservation Center
23 Potter Road, Hampton, CT**



10K & 30K Trail Run details: www.friendsofgoodwinforest.org

Registration Fee \$25; Senior Fee \$20 (age 50+); Youth Fee \$15 (Under Age 17)

Registration Fee is Non-Refundable – Cash or Check -- Make Checks Payable to: FGF/CFPA

Note: There is no day of race Registration. All Registrations must be received by Friday, May 31.

CONTACT INFORMATION (Please print clearly)

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Male Female Age on Race Day _____ Date of Birth _____

10K 30K **Select Race Distance**

Emergency Contact: Name _____ Phone _____

Waiver and Release (must be signed by all participants)

I know that trail running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my relative ability to safely complete the run. I hereby certify that I am in good health, and I have trained to run the distance of the race I am entering. I know that running could be a hazardous activity and that the participant should not run unless they are medically able and trained. I assume all risks for participating associated with running, including but not limited to falls, contact with other participants, the effects of weather, traffic, and conditions of the trails and roads, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, hereby waive and release the Connecticut Forest and Park Association, the Connecticut Department of Energy & Environmental Protection, the Friends of Goodwin Forest, and all sponsors, volunteers and providers of services to the race, their representatives and successors from all claims and liabilities of any kind arising out of my (or entrant's) participation in this event even though the claim or liability may arise out of the negligence or carelessness on the part of any person named in the waiver. I further authorize and empower the race director, if after a reasonable attempt has been made to reach a parent, guardian or emergency contact to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to and authorize any medical care or treatment for the Participant that may appear reasonably necessary as a result of emergency, accident, or illness of the Participant whether occurring before, during, or after the event. I assume full responsibility for the cost of any treatment given.

Further, I grant full permission to the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose, including commercial advertising without monetary payment to me.

I understand and agree to the terms of this waiver.

(Parent or Guardian Signature if participant is under age 18)

Please mail *(must be received by May 31)* with Registration Fee payable to “FGF/CFPA” to:

Friends of Goodwin Forest, Goodwin Forest Conservation Center, 23 Potter Road, Hampton, CT 06247