MERIDEN
Memorial Mile

Monday, May 27, 2019 9:00am

Free T-shirts to first 100 registrants

Registration Form

To participate in the Meriden Memorial Mile (the "Event"), please fill out this form:

First and Last Name of Participant: _____

Check one: ❑ Male   ❑ Female

Check your event: ❑ 1 mile walk   ❑ 1 mile run

Street _____

City: _____   State:_____   Zip Code: _____

Email: _____

Date of Birth:_____   Age on Race Day: _____

T-shirt size (to first 100 preregistered):   ❑ S   ❑ M   ❑ L   ❑ XL

WAIVER & RELEASE: I know that running is a potentially hazardous activity. I agree not to participate in the Event unless I am medically able and properly trained. I am voluntarily entering and assume all risks associated with participating in the Event, including, but not limited to, falls, contact with other participants or others, the effect of the weather, including heat and/or humidity, wet or slippery surfaces, falling objects, traffic or conditions of the course, all such risks being known and appreciated by me. Having read this Waiver and knowing these facts, I, for myself and anyone entitled to act on my behalf, waive and release the Event organizers and volunteers, the City of Meriden, its agencies, departments and officials, and any sponsors of the Event, and the employees, representatives and successors of each of the foregoing from all present and future claims and liabilities of any kind, known or unknown, arising out of my participation in the Event or related activities, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of the Event for any legitimate purpose without remuneration.

_____   _____
Signature of Participant   Date

If Participant is under 18 Years of Age:

_____
Print Name of Parent/Guardian

_____
Print Name of Parent/Guardian

Early registration by Friday, May 25................ $20
($10 for youth under 12; $35 Family 2 or more)
After May 25and race-day registration........... $25
Family (2 or more)... $35

Make checks payable to
'Meriden Memorial Mile'
and send along with this form to
415 Brooksvale Ave, Hamden, CT 06518

CITY OF MERIDEN
MDCCCLXVII
"The Crossroads of Connecticut"

MERIDEN
PUBLIC SCHOOLS
Here, Students Succeed