

WRENTHAM FOREST CHALLENGE

Name: _____

Street/Box Number: _____

Town, State & Zip: _____

Age (on day of race): _____

Email: _____

\$15 – Pre-Registered Runners

(Registration postmarked no later than 7 days before the event)

\$20 – On-Site & Late Registration

Make check payable to: Wrentham Recreation
Wrentham Forest Challenge
P.O. Box 227
Sheldonville MA 02070-0227

- Please read, sign and date the waiver of liability below.
- No application will be accepted without a signature attesting that the applicant has read and accepts the conditions set forth.

I know that trail racing is a potentially hazardous activity and that I should not enter and run this event unless I am medically able and properly trained. I agree to abide by any decision of the race director relative to my ability to safely complete this race. Further, I assume all risks associated with running in this event including, but not limited to any and all injuries from: falls, contact with other participants, the effects of weather, traffic and the conditions of trails and roads, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of the acceptance of this registration, I, for myself and anyone entitled to act on my behalf, waive and release the event organizers, the Commonwealth of Massachusetts, the Town of Wrentham and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the parties named in this waiver.

Signature: _____

Date: _____

***For complete information visit
www.wrenthamforest.com***