



FREEDOM RUN - 5k Trail Run

Fourth of July, 2015, 8:00 a.m. Start

A

benefit for the Nevada Union High School track and cross country teams.

Course: Begins at Nevada Union Stadium, through cross country course and back to stadium for finish.

FEE SCHEDULE: (commemorative item to entries received by 6/27/15)

Runners: \$20 thru June 27th \$25 June 28th – July 4th includes commemorative item

Walkers: \$15 thru June 27th \$20 June 28th – July 4th includes commemorative item

AGE 10 & UNDER: \$15 to June 27th \$20 June 28th – July 4th

******Race day registration: 7:00 a.m. to 7:45 a.m.******

Registration Form. ONE ENTRANT PER FORM, PLEASE. Fill out form completely and send with check or money order made payable to: NU Runners Booster Club

MAIL TO: Freedom Run Registration, 611 Redbud Way, Nevada City, 95959

Name: _____ Phone: _____

Address: _____ City _____ St _____

Email: _____ Sex: M F

BIRTH DATE: _____ AGE ON RACE DAY: _____ Runner _____ Walker _____

AGE GROUP: 10 & under 11-14 15-18 19-29 30-39 40-49 50-59 60-69 70+

PLEASE READ, SIGN & DATE:

I know that running and walking in races are potentially hazardous activities. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to any ability to safely complete the run. I assume all risks associated with running/walking in this race, including, but not limited to, falls, contact with other participants, the effects of the weather, high heat and/or humidity, the conditions of the roads and trails, and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of acceptance of my application for this race, I, for myself and anyone entitled to and on my behalf, waive and release Nevada Union Runners Booster Club and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this race even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I attest that I am physically fit and sufficiently trained for this competition. As part of this waiver, I acknowledge that I have read and understand all of the above.

SIGNATURE: _____ DATE: _____

Parent or Guardian Signature for Participants under 18: DATE: _____

For information: phone (530) 478-0414 or email to fcastrowehr@gmail.com

www.nurunners.com