

# COBURG HARRIERS FUN RUN OFFICIAL ENTRY FORM

EVENT NAME & DATE:						
NAME:						
ADDRESS:						
AGE:			DATE OF BIRTH:			
TELEPHONE:			EMAIL:			
EMERGENCY CONTACT NAME:			EMERGENCY TELEPHONE NO:			
DISTANCE: (PLEASE CIRCLE)	2K	4K	6K	8K	10K	12K
RUN/WALK	21K	OTHER PLEASE SPECIFY		.....K		

**COST:**      **\$15.00 Per Entry** (subject to change)  
                  **\$20:00 Half Marathon**  
                  **\$5:00 Juniors (up to 18 years of age)**  
                  **\$20.00 Families (1 adult 2 or more juniors)**  
                  **\$30.00 Families (2 Adults 2 or more juniors)**

**TO BE HELD AT THE HAROLD STEVENS ATHLETIC FIELD**  
**OUTLOOK ROAD COBURG, START TIME 9:00 unless advised otherwise, see website of official start time.**

**DECLARATION:**

1, The undersigned, in consideration of and, as a condition of my entry into the Coburg Harriers Inc. event named on this entry form, for myself, my heirs, executors and administrators hereby waive all and any claim, right or cause of action which I or they might otherwise have for or arising out of loss of my life or injury, damage or loss of any description whatsoever which I may suffer or sustain in the course of or consequence upon my entry or participation in the said event.

2, This waiver, release and discharge shall be and operate separately in favor of all persons, corporations and bodies involved and otherwise engaged in promoting or staging the event and the servants, agents, representatives and officers of any of them, and includes, but not limited to, Commonwealth and state departments and instrumentalities, medical and paramedical practitioners and personnel and shall operate whether or not the loss, injury or damage is attributable to the act or neglect of any or more of them.

3, I have read the rules and conditions of the event as stated in the declaration above and upon literature and other materials distributed in connection with the event and agree to abide by them.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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**Date** \_\_\_\_\_