☐ Individual 15K

OR

☐ Team Relay

Team Name _____

Team Captain _____

Make check payable to: TRAC
Mail check to: Huff 'N Puff 15k Run
212 W.Queensbury Lane, Florence, AL 35630

8th Annual HUFF 'N PUFF ON THE BLUFF 15K RACE & RELAY

Last Name: _____ First Name: _____

Address: _____

City: _____ State: ____ Zip: _____

E-mail: _____

Phone: (___)___-____ Age: ____ Date of Birth: __/__/__ Sex: M F

as of 3/13/10

CheckT-Shirt Size

- ☐ Small
- ☐ Medium
- ☐ Large
- ☐ X-Large

I know that running a road race 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 ability to safely complete the run. I assume all the risks associated with running in this event including, but not limited to, fall, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and other road conditions, all such risks being known and appreciated by me. Having read this waiver and knowing those facts and in consideration of your accepting my entry, I for myself and anyone else entitled to act on my behalf, waive and release the Tennessee River Athletic Club, The Red Cross, the city of Sheffield, RRCA and all sponsors their representatives and successors from all claims in liabilities of any kind arising out of my participation in the event. I grant permission to all of the foregoing to use any photographs, motion picture recordings or any other record of this event for legitimate purposes. I understand that my entry fee is not refundable under any circumstance, and that my registration is not transferable to any other person. Team registration will be excepted through Friday, March 12. There will be no team registration on the day of race.

Official use only

Bib #

Signature _____ Date _____ (Parent/Guardian if under age 19)