

Race Day Registration Form

Race # Issued: _____

Last Name _____ **First Name** _____ **Date** _____

Address _____ **Age** _____ **Gender** **M** ☐ **F** ☐

City _____ **DOB** _____

State _____ **Zip** _____

Email Address _____ (For Email Notifications & Receipts)

Cell Phone # _____ **Cell Carrier** _____ (For Text Notifications only)

Emergency Contact _____ **Emergency Contact #** _____

Photo Waiver

I give permission to be photographed by the WCC Staff, local newspaper staff, and any / all photos may be used for publication in newspapers, the Wiscasset Parks & Recreation Department website, WPRD Facebook page or program advertisements.

YES

NO

Liability Waiver

I understand that running / walking a road race is potentially a hazardous activity. I further understand that I should not enter a road race unless I am medically able and / or properly trained. I agree by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running / walking this event including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat or humidity, traffic conditions of the road. I release the Town of Wiscasset and the individuals conducting the above described activity from liability for any injury I might sustain because of this activity.

Signature _____ **Parent / Guardian if under age 18** _____