

THE HARTFORD COUNTY BAR FOUNDATION
PRESENTS

**2023 JOSEPH J. CASSIDY MEMORIAL
5K ROAD RACE, KIDS' RUN & FAMILY WALK**

SATURDAY, May 13, 2023, 9:00 A.M.

**MDC RESERVOIR #1 FARMINGTON AVENUE
WEST HARTFORD, CONNECTICUT**

Trophy goes to the team with the most registered runners and walkers irrespective of time. "Firm Members" include lawyers, non-lawyer employees, children and significant others. Please fill out Law Firm Team Registration Form below. Please note that each entry has to sign the waiver. Please note that Law Firm Team Members are also eligible to win trophies for 1st, 2nd, 3rd male and female finishers.

JOSEPH J. CASSIDY 5K ROAD RACE LAW FIRM TEAM REGISTRATION FORM

NAMES OF TEAM MEMBERS:

1. _____ AGE ON RACE DAY _____ MALE _____ FEMALE _____
2. _____ AGE ON RACE DAY _____ MALE _____ FEMALE _____
3. _____ AGE ON RACE DAY _____ MALE _____ FEMALE _____
4. _____ AGE ON RACE DAY _____ MALE _____ FEMALE _____
5. _____ AGE ON RACE DAY _____ MALE _____ FEMALE _____

(IF MORE THAN 5 ENTRIES, PLEASE USE ADDITIONAL FORM)

NAME OF LAW FIRM: _____ FIRM ADDRESS _____

CITY _____ STATE _____

ZIP _____ TEL: _____ EMAIL _____

PLEASE FIND ENCLOSED MY CHECK FOR \$ _____ (\$30 PER ENTRY) FOR THE ABOVE REGISTRANTS
☐ I enclose \$200 _____ or \$100 _____ for t-shirt sponsorship (deadline April 6)
☐ I enclose \$500 _____ or \$350 _____ for sign sponsorship

☐ Credit Card information: ☐ Amex ☐ Visa ☐ MC

Credit Card # _____ Exp. Date _____ CVV # _____

Name on credit card: _____

Billing Address: _____

Signature: _____

WAIVER (MUST BE READ AND SIGNED BY EACH LAW FIRM TEAM REGISTRANT)

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and sufficiently trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event, including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Hartford County Bar Foundation, Hartford County Bar Association and the MDC, Mary Liz Williams, 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 persons named in this waiver. Please be advised that results including names and times will be published on the [HCBF](#) website following the race.

1. _____
Signature _____ Date _____ Parent's Signature if under 18 years old Date _____
2. _____
Signature _____ Date _____ Parent's Signature if under 18 years old Date _____
3. _____
Signature _____ Date _____ Parent's Signature if under 18 years old Date _____
4. _____
Signature _____ Date _____ Parent's Signature if under 18 years old Date _____
5. _____
Signature _____ Date _____ Parent's Signature if under 18 years old Date _____

Complete and return with a check payable and mail to the **HARTFORD COUNTY BAR FOUNDATION**, 100 Pearl Street, 4th floor, Hartford, CT 06103. **All pre-registrations must be received by May 14, 2023.** Forms without signed waiver will not be accepted. Race numbers may be picked up at registration table on race day prior to start. Registration fee is non-refundable. Day of race registration until 8:45 a.m.