Welles R. Crowther Red Bandanna 5k Run Race Day Registration & Waiver October 14, 2017

Last Name:	Fi	rst Name:		
Address:	City:			
State, Zip:	Phone:	Age:		
Sex: M/F	Email:			
Current BC stu	ident: Y / N			
Team Name: _				
READ WAIVE	CR BEFORE SIGNING			
unless I am modecision of a rassume all risl limited to: falls weather, include road, and unforcepted by moderation on my behalf, agents of the Nather F College, Bostosponsors, their and liabilities of claim, damage part of the perforegoing to us	edically able and proper acce official relative to research official relative to research official relative to research with other partial, contact with other partial, contact with other partial, contact with other partial reseen events, all such accepting my end accepting my end accepting my end waive and release the Velles Remy Crowther family, the Volunteer and College, the City of a representatives and so any kind arising out of a	azardous activity. I will not enter and run erly trained. I agree to abide by any my ability to safely complete the run. I icipating in the event including, but not rticipants and people, the effects of the numidity, traffic and the conditions of the h risks being understood and willingly aiver and knowing these facts and in ntry, I, for myself and anyone entitled to act trustees, officers, employees, and charitable Trust, Red Bandanna Runners, and Service Learning Center of Boston Newton, the City of Boston, and all successors from all claims, damages, of my participation in this event even if the out of negligence or carelessness on the ver. I grant permission to all of the action pictures, recordings, or any other expurpose. I also understand that all fees		
Signature:				
Parent or Guard	dian's signature if runne	r is under 18 years of age:		
*All entries ar	e non-refundable			
	ecks payable to: ny Crowther Charitable	Γrust		

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Address:		City:	
State, Zip:	Phone:		Age:
Sex: M/F	Email:		
Current BC st	udent: Y / N		
Team Name: _			

READ WAIVER BEFORE SIGNING

I know that running is a potentially hazardous activity. I will 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 risks associated with participating in the event including, but not limited to: falls, contact with other participants and people, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, and unforeseen events, all such risks being understood and willingly accepted by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the trustees, officers, employees, and agents of the Welles Remy Crowther Charitable Trust, Red Bandanna Runners, the Crowther Family, the Volunteer and Service Learning Center of Boston College, Boston College, the City of Newton, the City of Boston, and all sponsors, their representatives and successors from all claims, damages, and liabilities of any kind arising out of my participation in this event even if the claim, damage, or liability may arise out of negligence or carelessness on the part of the persons named in the waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose. I also understand that all fees are non-refundable.

Parent or Guardian's	signature if runner	is under 18	3 years of age:

*All entries are non-refundable

Please make checks payable to:

The Welles Remy Crowther Charitable Trust

Signature: