

Welles R. Crowther Red Bandanna 5k Run Race Day Registration & Waiver

October 14, 2017

Last Name: _____ **First Name:** _____

Address: _____ **City:** _____

State, Zip: _____ **Phone:** _____ **Age:** _____

Sex: M / F **Email:** _____

Current BC student: 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.

Signature: _____

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

**All entries are non-refundable*

Please make checks payable to:

The Welles Remy Crowther Charitable Trust

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