

**GUILFORD ROTARY CLUB'S
29th ANNUAL NEW YEAR'S DAY**

FROSTY 5K



**5K ROAD RACE
2K HEALTH WALK
1/2-MILE KIDS
FUN RUN**

**Wednesday, January 1, 2014
Guilford Green, Guilford, CT**

Celebrate Guilford's 375th Anniversary

**Online registration & info at
www.imathlete.com/events/Frosty5K**

REGISTRATION FORM FOR 5K ROAD RACE & 2K HEALTH WALK

29TH ANNUAL FROSTY 5K - WEDNESDAY, JANUARY 1, 2014, 11 AM, GUILFORD CT

REGISTER ONLINE at <http://www.imathlete.com/events/Frosty5K> or fill out and mail this registration form (\$25 individual, \$65 family of 3-4 members) with a check payable to: Rotary Club of Guilford. MAIL TO: Platt Systems, 41 Steel Farm Dr., Manchester CT 06042. Mail-in registrations must be received by December 23. DO NOT use this form for Kids Fun Run - Register for the Kids Fun Run on the day of race.

LAST NAME*	FIRST NAME*	YES	M	F	SEX*	S	M	L	XL	YM	YL	SHIRT SIZE (CIRCLE ONE)
		WALKER?*										
FAMILY MEMBER: LAST NAME	FIRST NAME	YES	M	F	SEX	S	M	L	XL	YM	YL	SHIRT SIZE (CIRCLE ONE)
		WALKER?										
FAMILY MEMBER: LAST NAME	FIRST NAME	YES	M	F	SEX	S	M	L	XL	YM	YL	SHIRT SIZE (CIRCLE ONE)
		WALKER?										
FAMILY MEMBER: LAST NAME	FIRST NAME	YES	M	F	SEX	S	M	L	XL	YM	YL	SHIRT SIZE (CIRCLE ONE)
		WALKER?										

STREET* _____ APT # _____ CITY* _____ STATE* ZIP* _____ E-MAIL ADDRESS* _____

* REQUIRED FIELDS
 WAIVER: In consideration of acceptance of this entry into the Frosty 5K, I the undersigned intending to be legally bound to hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the race director and officials, the Rotary Club of Guilford, the Town of Guilford, any and all race sponsors and supporters, volunteers, their agents, successors and assigns, for any injuries suffered by me (or my family members) in this event. I assume all risks with entering this event, including but not limited to falls, contact with other participants, effects of weather, including snow, ice, traffic and the condition of the race course. All such risks being known and appreciated by me. I attest and verify that I (and my family members) are physically fit and sufficiently trained for the completion of this event and my (our) physical condition has been verified by a licensed medical doctor within the last six (6) months. I know that bicycles, roller skates and skateboards are not allowed on the course. Further, I hereby grant full permission to any and all the foregoing to use my photographs, videotapes, motion pictures, recordings, and any other record of this event for any legitimate purposes without compensation or remuneration.

SIGNATURE (PARENT/GUARDIAN MUST SIGN FOR MINOR): _____