



9th Annual
countrybank

Brimfield Trail 5k Race

April 22, 2017 at 9AM

Register Online!
www.BrimfieldTrail.org

Entry Fee

18 and under \$15.00, over 18 \$20.00 if mailed by April 9th.

Add \$5 race day

First 75 Entries
receive a free t-shirt!

Course

5K loop on gravel based trail, mostly flat with varied terrain.

Directions: From Sturbridge, take Route 20 west into Brimfield. Take second left on to Five Bridge Road. From Brimfield Center, take Route 20 east. After Athens Pizza, take 1st right on to Holland Road. After 1.5 mi, turn left on to Five Bridge Road.

Make checks payable and mail to:

Brimfield Trail Association
PO Box 207
Brimfield, MA 01010

Name: _____ Sex: _____

Age Group: under 18: ___ 19-29: ___ 30-39: ___ 40-49: ___ 50-59: ___ 60+: ___

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email: _____

Emergency Contact: _____ Phone: (____) _____

T-Shirt Size : S M L XL (circle one)

WAIVER (must be signed)

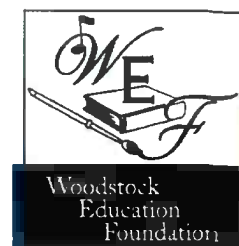
I acknowledge that participating in the Brimfield Trail Association 5k Run/Walk (the "Event") is a potentially hazardous activity. I agree not to participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I assumed all risks associated with participating in the Event, including but not limited to falls; contact with vehicles, persons, and other objects; traffic, the effects of weather, and the condition of the road or course. I authorize the Event volunteers to administer medical care to me as they determine may be needed. Having read this waiver and acknowledge these facts and consideration of acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release the organizers of the Event, Brimfield Trail Association, Inc., all Event sponsors, all Event volunteers, US Army Corps of Engineers, Town of Brimfield, MA, and each of their representatives and successors, from all liabilities and claims arising out of my participation in the Event of carelessness on the part of the persons named in this waiver. I grant permission to all the above persons and entities to use or authorize others to use photographs, videos, and other records of my participation in the Event for any legitimate purpose.

Signature (Parent if under 18) _____ **Date:** _____



12th Annual
Jog with Judy

5K Road Race
 Saturday May 6, 2017
 10:00 am



This is a family-friendly out and back 5K race in honor of Judy Nilan. Judy was a social worker at the Woodstock Middle School who had a tremendous impact on the people around her. Her positive energy influenced the lives of students in Woodstock as well as her colleagues at the middle school. The monies raised provide financial support for a broad range of educational initiatives that inspire every student's lifelong love of learning at the PK-8 Woodstock Public Schools.

LOCATION: Roseland Park Road, Woodstock, CT

ENTRY FEE: \$25.00 Adult (*day of registration \$30.00*)

\$15.00 Age 13 and under as of race day

Entries received after April 26th are not guaranteed a race t-shirt.

Checks payable to "WEF"

ONLINE REGISTRATION GO TO: WoodstockEducationFoundation.org

DROP OFF REGISTRATION: Woodstock Elementary or Middle School office

MAIL IN REGISTRATION: PO BOX 606, Woodstock, CT 06281

Name		Shirt Size (<i>circle</i>)		
City	State	YS	YM	YL
Email		S	M	L
		XL	2X	3X
Timing Chip (<i>circle</i>)	YES	If being timed:	SEX (<i>circle</i>)	Male Female
	NO		AGE (<i>as of 5/6/17</i>)	_____

Timing provided by Snorro

WAIVER (Must be signed)

(Name of participant or parent/legal guardian if under 18) _____ does hereby covenant and agree to release and hold harmless the Woodstock Education Foundation from and against any and all liability, loss, damages, claims, or actions (including costs and attorney's fees) for bodily injury and/or property damage, to the extent permissible by law, arising out of participation in the Jog with Judy 5K Road Race. I understand participation in the Jog with Judy involves rigorous physical activity and risks of physical injury, and I assume these risks. I hereby consent to emergency transportation or treatment. I further certify that I am in good physical condition, and I have no medical or physical conditions that would restrict my participation in the event.

 (Signature of participant or parent/legal guardian if under 18)