



COVERED BRIDGES

HALF MARATHON

POMFRET • WOODSTOCK • QUECHEE

2014 CBHM Registration Form

NAME:

First: _____ **MI:** _____ **Last:** _____

Gender: _____ (M/F) **Birth date:** _____ mm/____ dd/____ yy

Email: _____

Snail Mail: _____ (Street or PO Box)

_____ (Really long address)

_____ (City) _____ (State/Prov)

_____ (Zip/Postal Code) _____ (Country)

Telephone number: _____

T-Shirt Size: _____ S/M/L/XL

Name of Emergency Contact: _____ **Phone #:** _____

ALL-IMPORTANT WAIVER.

Please enter me in the 23rd Annual race to be held Sunday, June 1, 2014. I agree to assume all responsibility for all risk or damage or injury to me as a participant in this event. In consideration of being accepted as an entrant in the Covered Bridges Half Marathon, I hereby, for myself, my heirs, executors, and administrators, release and discharge CBHM, Inc., USATF, Towns of Woodstock, Pomfret and Hartford, all sponsors, volunteers and organizers, and any and all other individuals, entities and organizations associated with the race for all claims, damages, rights of actions present or future whether the same be known, anticipated or unanticipated, resulting from or arising out of, or in incident to my participation in this event. I hereby certify that I am willing to participate in The Covered Bridges Half Marathon, that I am physically fit and sufficiently trained for competition in the race. I also grant permission for the use of my name and/or picture in any broadcast, photograph or other account of this race. I understand that bicycles, skateboards, baby joggers or strollers, roller blades, animals and radio headsets are not allowed in the race and I abide by this guideline. I understand that the race may be limited to the first 2,000 entrants. I understand that the registration fee is not refundable. I understand that my registration is not transferrable to another person in case I am unable to participate in the race.

Credit Card Information:

Required for registration fee and fundraising minimum. We ask that you meet your fundraising minimum of \$350 plus registration fee of \$85 to participate in the event. By signing below you authorize The Family Place to debit this account for the amount of your fundraising minimum (minus any funds you have already raised) one week after the CBHM on Monday, June 9, 2014.

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Card Number: _____

Expiration Date: _____ **CVV Code** (number on back of card): _____

Signature of Registrant

Date

Signature of Guardian or Parent if under 18

Date

Contact the appropriate charity for the amount of the entry fee and address. Visit the official race web-site for contact information: www.cbhm.com.