**LITCHFIELD HILLS ROAD RACE - REGISTRATION FORM**

DATE: **June 11, 2017 – 1:00 PM** LOCATION: Village Green, Litchfield, CT INFORMATION: [www.LHRR.com](http://www.LHRR.com) or 860-459-8596

BENEFIT: Litchfield Youth Athletics, Jr Olympics, LHRR Scholarships Wamogo HS, Litchfield HS, Forman School

RACE PACKET PICKUP: Early Pickup Sportsman’s, 725 Bantam Road, Bantam from 6/3/17 to 6/10/17 Visit [www.Sportsmens.biz](http://www.Sportsmens.biz)

Race Day Pickup - Sunday, June 11th, **10:00 AM to 12:30 PM**

SAFETY: **PETS, BICYCLES, BABY JOGGERS, WHEELCHAIRS** **NOT ALLOWED**

CHILDREN’S RACES INFO: LHRR.COM or call 860-482-6690

FEE: $35.00 Checks payable to LHRR MAIL APPLICATION TO: LHRR, P.O. Box 1428, Litchfield, CT 06759

TECH T-SHIRT: Guaranteed for all entries received by **5/27/17** ENTRY DEADLINE: **DO NOT MAIL ENTRIES AFTER 6/5/17**

RACE DAY REGISTRATION: 10:00 AM TO 12:30 PM Fee: $ 45.00

FACT SHEET: 2017 Fact Sheet is available at www.lhrr.com/fact-sheet

Last Name:      First Name:      Male  Female

Age (on 6/11/17):    Birth Date:      Telephone;      E-Mail:

Mailing Address:      City:      State:

Zip Code:      Country:      T-Shirt Size - S  M  L  XL  XXL

**RELEASE FORM (MUST BE SIGNED)**

In consideration of the acceptance of this entry, I, the undersigned intend to be legally bound, hereby, for myself, my heirs, executors and administrators, release and discharge Litchfield Hills Road Race, Inc, White memorial Foundation, the Town and Borough of Litchfield, and all those associated with this event from all claims, damages and rights of action, present or future, whether the same to be known, anticipated or unanticipated, resulting from or arising out of, or incident to my participation in this event. I, the undersigned, am aware that this event is a 7.1 mile road race, which takes place on varying types of terrain and may take place in extreme heat and humidity. I am aware that I must be physically capable of engaging in a race of such distance and duration. I am also aware that it is important to hydrate before and during the race. I also acknowledge that the weather, the race conditions, heat and humidity, may nonetheless cause physical discomfort, disability, and/or death.

**I certify that I am physically fit and have sufficiently trained for competition in this event and that my physical condition has been verified by a medical doctor.**

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**SIGNATURE OF PARTICIPANT MEDICAL RELEASE**

**Parent/Guardian if under 18 NOTE: If runner is under 18, Parent/Guardian must sign BOTH Lines**

**WARNING:** The Weather can be very hot and/or humid. Please take water prior to the start of the race as well as at water stops on the course. If we have a hot day, and you have nit trained properly, we recommend that you DO NOT run the race.

**OPTIONAL: Medical Emergency Information:**

**Emergency Contact Information: Name:****Phone:**

**Any medical condition you would like our emergency medical team to know about:**

**Drug Allergies:**

**POSSIBLE DRUG TESTING: Athletes who participate in this competition may be subject to formal drug testing in accordance with USATF rules and IAAF Rule 55. Athletes found positive for banned substances, or who refuse to be tested, will be disqualified from this event and will lose eligibility for future competitions. Some prescription and over-the-counter medications contain banned substances. Information regarding drugs and drug testing may be obtained by calling the USOC Drug Hotline at 1-800-233-0393.**

**LHRR SHIRTS AND OTHER MERCHANDISE AVAILABLE AT WWW.LHRR.COM/gear**