18th Annual Litchfield Hills Children’s Race

A 2.3 Mile Race through the Borough of Litchfield

Online Application

DATE: Sunday, June 11, 2017 – 12:00 noon LOCATION: The Village Green, Litchfield, CT

AGES: Must be 11, 12, or 13 years old by race day – **NO EXCEPTIONS**

REGISTRATION: Limited to 250 runners – *Incomplete or unsigned forms will be returned*

FEES: $10 by 5/31/17 - $15 after 5/31/17 – **DO NOT MAIL AFTER 5/31/17**

RACE PACKET: Pick up on the Village Green, Children’s Registration table on 202 side of the green. Do not go to the Main Race Registration table. Sunday 6/11/17 from 9-11:30, Numbers will not be mailed.

RACE DAY REGISTRATION: 9 – 11:30 (IF AVAILABLE)

SAFETY: Course restricted to registered runners. **PETS, SKATES BIKES, WHEELCHAIRS** **NOT ALLOWED**

AWARDS: Trophies for the top 2 male and female finishers by age group.

BENEFIT: Litchfield Youth Athletics, LHRR Scholarships–Litchfield High School, Wamogo High School, Forman School.

VOLUNTEERS: If interested in helping on race day, please call 860-459-8596

CHILDREN’S RUN: Additional information regarding children’s events at [www.lhrr.com](http://www.lhrr.com) or by calling 860-459-9908.

**MAIL COMPLETED FORM TO: Litchfield Hills Children’s Race, P.O. Box 1428, Litchfield, CT 06759**

**OR BRING COMPLETED APPLICATION AND FEE TO REGISTRATION ON RACE DAY FROM 9:00 - 11:30**

**REGISTRATION FOR THIS RACE CLOSES PROMPTLY at 11:30!!**

**APPLICATION: FEE: $10.00 by 5/31/17 $15.00 after 5/31/17 Check payable to LHRR**

**RACE DAY PARENT NAME:**

**RACE DAY CELL # IN CASE OF EMERGENCY:**

LAST NAME:      FIRST NAME:      PHONE:

M  F  AGE ON 6/11/17:    DATE OF BIRTH:       EMAIL:

STREET ADDRESS:       CITY:       STATE:    ZIP CODE:

**RELEASE FORM (Both Lines 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, E. J. Murphy Realty, 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 am aware that this event may take place in extreme heat and humidity and I certify that I am physically fit and sufficiently trained for competition in this event and that my physical condition has been verified by a medical doctor.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_**

**SIGNATURE OF PARENT OR GUARDIAN MEDICAL RELEASE – Parent/Guardian Permission for Medical Treatment**