



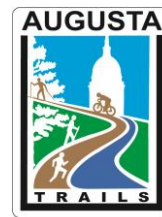
Augusta Trails presents

Bond Brook 5k Trail Race Series

Bond Brook Recreation Area

Augusta, Maine

Thursday Evenings at 6:00 pm
July 10, 17, 31, and August 7, 21, 28



The 2014 Bond Brook Trail Race Series consists of six 5k races on a beautiful course that winds and rolls through woods of the Bond Brook Recreation Area. Plenty of roots, rocks, technical single track, and challenging hills!!

Series Details: To qualify for the final series standings, a total of four races must be completed. If more than four races are run, the sum of the four best times will be used to determine your final placement. All races will be run on the same course. Awards will be given to the 1st place overall male and female and 1st place age group male and female. Race fees are \$25 for the series, \$5 for individual races. Water will be provided after each race. In case of cancellation due to weather, the make-up race will be held on September 11.

FMI: Contact Karen Gross at karengross57@yahoo.com. Race details, directions, the course map, results, photo's, and announcements will be posted regularly on the Augusta Trails Facebook page. Weekly results will also be posted on Cool Running.

Registration: *Before July 4, 2014:* If paying for the series, please complete the registration form below and mail along with the a check payable to: Augusta Trails, Attn: 5k Series, P.O. Box 817, Augusta, ME 04332-0817. *After July 4, and if you are running individual races only:* please register and pay before each race.

Name _____ M _____ F _____ Age _____

Address _____

email: _____ Phone _____

Series (6 races) - \$25

Single race - \$5
Date _____

Note: A waiver must be signed before the start of the series or before each single race. If the runner is under the age of 18 years, a parent or guardian must sign the waiver prior to the start of the race.

2014 Bond Brook 5k Trail Race Series Waiver
July 10, 17, 21, August 7, 21, 28, and September 11

WAIVER AND RELEASE FROM LIABILITY ("AWRL")

I understand and acknowledge that trail running is an extreme test of a person's physical condition and carries with it potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THE RACES CONSTITUTING THIS EVENT (collectively, the "Event"). I certify that I am physically fit, have sufficiently trained for participation in this Event, and have not been advised against participation by a qualified health professional. I understand and acknowledge that my statements on this AWRL are being accepted by Augusta Trails, the City of Augusta, and the various race sponsors and organizers in consideration for permitting me to participate in this Event. In consideration for allowing me to participate in this Event, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions: (a) I AGREE to abide by the Rules adopted by and for this Event; (b) I AGREE that before participating in this Event I will inspect the race course, facilities, equipment, and areas to be used and if I believe any are unsafe I will immediately advise the person supervising the Event; (c) I WAIVE, RELEASE, AND FOREVER DISCHARGE from any and all claims, losses (economic and non-economic), or liabilities, for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft, or damages of any kind, which may in the future arise out of, result from, or relate to my participation in or my traveling to or this Event, THE FOLLOWING PERSONS OR ENTITIES: AUGUSTA TRAILS, CITY OF AUGUSTA, EVENT SPONSORS, RACE DIRECTORS, VOLUNTEERS, AND THE OFFICERS, DIRECTORS, EMPLOYEES, REPRESENTATIVES AND AGENTS OF ANY OF THE ABOVE, EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF ANY OTHER PERSON OR ENTITY; (d) I ACKNOWLEDGE that there may be traffic or persons on the course route, and I ASSUME THE RISK OF RUNNING OR PARTICIPATING IN THIS EVENT under these circumstances. I also ASSUME ANY AND ALL OTHER RISKS associated with participating in this Event including but not limited to falls, contact with other participants, effects of weather including heat, cold, and/or humidity, precipitation, lightning, defective equipment, the condition of the trails, water hazards, running barefoot, running with minimal footwear, and any hazard that may be posed by spectators or volunteers, all such risks being known and appreciated by me; and I further acknowledge that these risks include risks that may result from the negligence of persons or entities mentioned above in subpart (c) or of other persons or entities. I FURTHER COVENANT AND AGREE NOT TO SUE any of the persons or entities mentioned above in subpart (c) for any of the claims, losses, or liabilities that I have waived, released, or discharged herein; and I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above in subpart (c) from any and all expenses incurred, claims made or liabilities assessed against them, including but not limited to attorneys' fees and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, (i) my actions or inactions, (ii) my breach or failure to abide by any part of this AWRL including but not limited to my covenant not to sue; (iii) my breach or failure to abide by any of the Rules; or (iv) any other harm caused by me. I FURTHER GRANT FULL PERMISSION to any and all of the above parties to use my name and/or likeness relating to my participation in this event, as well as to use any photographs, video or audio recordings, website images, or any other record of this Event, and I WAIVE all rights to any future compensation to which I may otherwise be entitled as a result of the use of my name, image, or likeness.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND AND AGREE TO ITS CONTENT.

Print Name: _____

Sign Here: _____ Date: ____/____/____

For persons under 18 years of age, a parent or legal guardian must sign the above AWRL and complete the following section.

The undersigned _____ (parent/guardian), the parent and natural guardian of _____ (minor's name; the "Minor") hereby acknowledges that he/she has executed the foregoing AWRL for and on behalf of the Minor. As the natural or legal guardian of the Minor, I hereby bind myself, the Minor, and our executors, administrators, heirs, next of kin, and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the Minor, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any expenses incurred, claims made, or liabilities assessed against them, as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the Minor in the execution of the foregoing AWRL or in the execution of this consent and authorization for medical treatment.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical provider or health care facility (collectively, "Medical Provider") to treat the Minor for the purpose of attempting to treat or relieve any injuries received by the Minor arising out of or relating to this Event. I authorize any such Medical Provider to perform all procedures deemed medically advisable by the Medical Provider to treat or relieve any such injuries and any related conditions of the Minor that may be encountered during the course of attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of the Minor and myself. I acknowledge that no warranty is being made as to the results of any medical treatment.

Print Name of Parent/Guardian: _____

Sign Here: _____ Date: ____/____/____