



Zombie Run 2019

Fairport Boys and Girls Cross Country Booster Clubs

Registration Form

Registration Fee
\$10 per person
\$15 day of event

First Name	
Last Name	
Street Address	
Town	
Zip	
Email*	
Age	
Gender	
Who referred you?***	

*Please give an email address that we can send confirmation and updates to.

**This helps keep track of fundraising progress for the athletes

What challenge level would you like? We may be able to group participants depending on registration numbers. Please check one box.

<input type="checkbox"/>	Very Hungry Zombies (Fast Pace)
<input type="checkbox"/>	Recently Fed Zombies (slow pace, walking)

Race Waiver

I know that running a Zombie Run is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but no limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, condition of the terrain, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and personal music players are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Fairport Boys and Girls Cross Country Booster Club, in the city of Fairport, NY, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event.

Signature

Date

Checks Payable to: Fairport Boys Cross
Country Booster Club

Please mail form and payment to:
Fairport Boys Cross Country Booster Club
24 Country Downs
Fairport, NY 14450