



**Sunday, September 4th, 2011 12:00pm**

**Questions?** Email: [info@skanraces.com](mailto:info@skanraces.com) Make checks payable to: Skaneateles Splash, Inc.; mail check and bottom portion of this form to: Skaneateles Labor Day Race Weekend • PO Box 818 • Skaneateles NY 13152

## Skaneateles Labor Day Race Weekend, Coon Hill Grind September 4, 2011

/ Gender: M F Age / /

Last Name, First Name, MI

Birthdate / /

Street Address      City state Zip

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Release:** Participating in a bike race requires mental and physical preparation. I agree that I should not bike unless I am properly trained. I agree to abide by the decision of a race official relative to my ability to safely complete the race. I assume all hazards associated with running this event, including, but not limited to falls, contact with other runners, the effects of weather including high heat and humidity, traffic and the conditions of the road, all such risks known and appreciated. Having read this waiver and understanding these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Skaneateles Splash, Inc., Village of Skaneateles, Town of Skaneateles, USAT and other sponsors, organizers and successors from all claims or liabilities of any kind arising out of my participation in the event.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Parent or Guardian's signature also necessary if 17 years of age or younger)

