

TOWPATH TEN TEN



VIRTUAL RUN (JUNE 1 – AUGUST 9, 2020) - www.towpathtrilogy.com

Release: In consideration of your acceptance of this entry, I/we hereby, for myself, my heirs, executors, and administrators, waive, release and discharge Canalway Partners, Cleveland Metroparks and any additional hosts or sponsors of the Towpath Ten-Ten and any agent, representative, or employee of the preceding, from any and all claims, demands or causes of action. I/we agree to indemnify and hold each of them harmless for any and all injuries suffered or alleged to be suffered in connection with such event. I/we acknowledge the awareness of the complete assumption of responsibility for the risks involved in this event, and I/we understand the terms of this release. I/we am/are physically fit and have trained sufficiently to compete in this event. I hereby grant full permission to any or all of the foregoing to use any photographs, videotapes, motion pictures, recordings and/or other record of this event for any legitimate purpose. All race entries are non-refundable. The race director reserves the right to refuse entries. I also provide permission to Canalway Partners to use photographs and videos of me as a race participant to promote their races and organization. As a result of signing this mail in registration you are obligated to be aware of all race rules and regulations listed under the FAQ section of our website www.towpathtrilogy.com

First Name _____ Last Name _____

Street _____ City _____ State ____ Zip _____

Day Phone _____ Evening Phone _____ Email _____

Signature _____ Date _____ Sex ____ Age _____

Shirt Size: **circle** : (Men's) S M L XL XXL **(add \$2 for XXL)** (Women's) S M L XL XXL

Date of Birth _____ Age on Race Day _____ WALKER _____

Parent/Guardian must sign if participant is under 18 on race day. We do not accept entries for persons under age 13 for the 10K and 10 Miller.

RACE LENGTH AND ENTRY FEE: (please circle amount of payment)

10-miler: \$55

10K \$45

Mail my packet: _____ Yes (add \$10)

Total Cost - race fee + credit card fee (\$2) if credit card used = _____

PAYMENT: (check one) ___Check ___*MasterCard ___*Visa ___*AmEx ___*Discover ___Cash

Credit Card Number _____ Exp Date _____ 3 Digit Code _____

Print Name on Account _____

Signature _____

Please make checks payable to Canalway Partners and mail to:

Ohio Canal Corridor / PO Box 609420, Cleveland, Ohio 44109 Phone: 216-520-1825 Fax: 216-520-1833

***Note that credit card orders will be charged an additional \$2 per transaction**