

TOWPATH TRILOGY REGISTRATION FORM

First Name _____ Last Name _____
Street _____ City _____ State _____ Zip Day _____
Phone _____ Evening Phone _____ Email _____
Initialize Here _____ Date _____ Sex _____ Age _____
Shirt Size: **check** : (Men's) S M L XL XXL No t-shirt
 S M L XL XXL No t-shirt
(Women's)

Please note there is a \$2.00 additional charge for 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 the age of 13 yrs for the half and 10 yrs for the 5 Miler.

Parent Signature _____ Date _____

TOWPATH HALF MARATHON and 5 Miler SUNDAY APRIL 10, 2022: (please check race you want to participate in)

Half Marathon \$60

5 -Miler \$30

Mail my Bib: _____ Yes (add \$10) **No "day of" race packet pick-up.**

TOWPATH Twilight 10-10 (5K, 10k & 10 MILER) Friday June 17, 2022: (please check race you want to participate in)

10-miler: \$45

10K \$35

5K \$30

Mail my Bib: _____ Yes (add \$10) **No "day of" race packet pick-up.**

TOWPATH MARATHON (Full, Half and 10k) Saturday OCTOBER 8, 2022: (please check race you want to participate in)

Full Marathon \$70

Half Marathon \$60

10K \$40

Mail my Bib: _____ Yes (add \$10) **No "day of" race packet pick-up.**

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. 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

Signature _____

Please make checks payable to Canalway Partners and mail to:

Canalway Partners PO Box 609420, Cleveland, Ohio 44109 Phone: 216-520-1825 Email julie@canalwaypartners.com

www.towpathtrilogy.com

