

9TH ANNUAL
**SHANE KINSELLA
MEMORIAL RACE**

5 Mile Run ● 2 Mile Walk

Saturday, April 27, 2019 at 11:00am

Location: Camp Cochipianee, 291 Beach Street, Goshen, CT

Pre-Registration: Individual \$20; Family (max 6) \$50 (need a form for each person)

After 4/21/19 & Day of Race: Individual \$25 (Day of Race 9:30-10:30am)

Kid's FREE Fun Run at 10:15am (Register at 10am)

T-Shirts to first 200 registrants, refreshments and Age Division prizes!

Runners, Walkers and Strollers are welcome to join in the fun!

Online registration coming soon.

Detach application below and mail to:

Goshen Rec Dept, 42A North Street, Goshen, CT 06756

Checks made out to: Town of Goshen; memo: SMK Memorial Race

More information: www.goshenct.gov/recreation-department

Goshen Recreation Department Registration Form and Emergency Release

The town of Goshen (the "Town") expressly disclaims for itself and for its officers, commissioners, employees and agents, all liability for any loss or damage to property or bodily injury or death arising from or related to the undersigned's participation in the Town sponsored activity specified herein; and the undersigned hereby knowingly, intentionally and expressly: (1) assumes the risk for any such loss, damage, bodily injury or death; (2) releases the Town and its officers, commissioners, employees and agents from all liability for any such loss, damage, bodily injury or death; (3) waives any claim or cause of action which the undersigned may have against the Town or its officers, commissioners, employees and agents for any such loss, damage, bodily injury or death. If I cannot be reached, I give my permission to the physician selected by the Recreation Department or program supervisor to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child or myself.

Signed Parent/Guardian (if under 18) or Self (if over 18)

Date

Email address

Participant's Name

AGE

Gender

Shane Kinsella Memorial Race

Activity

Address

Town

Phone #

Allergies or physical handicaps: _____

Emergency Contact

Emergency #

Relationship

**Circle Shirt Size:
ADULT**

S M L XL

Shirts guaranteed for
first 200 registrants

FEE:

Individual Registration: \$20 _____

Family Registration: \$50 _____

After 4/21/19 & Day of Race: Indiv \$25 _____

Checks can be made out to Town of Goshen;
memo: SMK Memorial Race

**Check which race you
will be doing:**

5 Mile Run: _____

2 Mile Walk: _____