

THE SQUANNACOOK RIVER RUNNERS
PRESENT THE
2015
SIXTH ANNUAL
GROTON



ADULT SUMMER WORKOUT

PROGRAM INFO

Open House: June 22, 2015

Location: Groton-Dunstable High School Track (703 Chicopee Row; Groton)

Cost: \$37 per person

Plus a Columbia Blue Wicking T-Shirt (Optional & Recommended): \$15.00

Schedule: Every Monday and Wednesday

From **June 22 – August 12**

4:45 pm– 6:15 pm

PROGRAM SIGN-UP

When: Applications accepted through 6/22

Mail To: Squannacook River Runners

Summer Track and Field

P.O. Box 413

West Groton, MA 01472

Payable To: Squannacook River Runners or SqRR

Guaranteed T-Shirt, if ordered, if you register before June 1st, 2015!!

FOR FURTHER INFORMATION:

Call Kerri @ (978) 870-8597 or email SQRRtrack@verizon.net

2015 SqRR ADULT Summer Workout Program Registration Form

First Name _____ **Last Name** _____

Sex (Circle one): **Male** **Female** **Restrictions/Meds:** _____

T-Shirt Size (Circle one): Adult Size: Small Medium Large X-Large

Mailing Address _____

Town _____ **Zip** _____

Email _____ **Phone #** _____

Waiver: I voluntarily agree to participate in the Summer Track & Field Program and knowingly assume any and all risks of loss, damage to my person or property, injury (including death), both foreseen and unforeseen, of my attendance at and participation in the Summer Track & Field Program, from any cause whatsoever, including the fault or negligence of Releasees (as defined below).

I, for myself, my heirs, personal representatives and assigns do hereby release, waive, discharge and covenant not to sue the Town of Groton, the Groton-Dunstable Regional School District, the Squannacook River Runners, their respective officers, directors, employees, agents and volunteers (collectively "Releasees") from all liability, loss, claims, demands, possible causes of action, court costs, settlement

costs and fees, attorneys fees and any other expenses arising from any claim or lawsuit that may arise from any loss, damage or injury (including death) to me or my property resulting from or arising in connection with, or related to, my attendance at or participation in the Summer Track & Field Program.

In the event that I am injured, I hereby consent to the provision of necessary and appropriate emergency medical treatment.

Signature _____ **Date** _____