

USATF-CT Association Racewalk Championship

9:30am 1 Mile fun Walk

10:00am 10,000M (6.2 Miles) concurrent 5000m (3.1miles)

Open/Youth/ Masters

Saturday Nov 4 2023

**Peters Recreational Complex Track, 137 Glenwood Rd - Clinton, Connecticut
06413**

10,000M/5000m Awards - Open, Jrs and Masters. Ribbons for 1 mile fun walk. Please be prepared to keep count of your laps or bring someone who can.

Entry Fee \$15.00- 10K/5K. \$5.00-1 Mile – Payable at the event / make checks payable to Connecticut Racewalkers.

Call or Maryanne/ Ron Daniel 203-215-6301 for more info.

Please e-mail ctracewalk@sbcglobal.net to indicate you are racing. You can fill out form below and bring it with you.

Name _____

Club_____

Age on Race Day: _____

E-mail address_____

Address: _____ Male: _____ Female: _____

City: _____ State: _____

Athletes who participate in this competition may be subject to formal drug testing in accordance with USA Track & Field Regulation 10 and IAAF Rule 55. Athletes found positive for banned substances, or who refuse to be tested, will be disqualified from this event and will lose eligibility for future competitions. SOME OVER-THE-COUNTER MEDICATIONS CONTAIN BANNED SUBSTANCES. INFORMATION REGARDING DRUG TESTING MAY BE OBTAINED BY CALLING THE USOC HOT LINE AT 800-233-0393.

In consideration of your accepting this entry, I, the undersigned intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Connecticut Racewalkers, Ethel Peters recreation Complex track, USATF and any and all sponsors and their representatives, successors and assigns for any and all injuries suffered by me in said event, even if such injuries result from negligence, fault or carelessness of the Connecticut Racewalkers or any of the other above mentioned groups. I attest and verify that I will participate in this event as a footrace entrant, that I am physically fit and have sufficiently trained for this event, and my physical condition has been certified by a licensed medical doctor. Further, I grant permission to any and all of the foregoing to use any photographs, video tapes, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature: _____ (Parent's if under 18)