RACE APPLICATION
Printable Entry Form [For mail-in use only – NOT VALID Day of Race]
The Petit Family Foundation 5k Road Race
Benefiting the Petit Family Foundation
Race Day – Sunday, July 11, 2021

Entry fee is $30.

Check one box below:

☐ 5k Road Race
   (3.1 mi.)
☐ Fitness Walk
   (1.3 mi.)

What is your t-shirt size? (check one box below)
☐ Sm.  ☐ Med.  ☐ Lg.  ☐ XL  ☐ XXL

Make checks payable to: The Petit Family Foundation
Mail to: PFF, PO Box 310, Plainville, CT 06062

Name (please print) (Only one entry form per person)

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Male _____ Female ______ Date of Birth ______ Age ______

DD/MM/YY

Address

________________________
Street

________________________
City State ZIP

Daytime phone: ______________________ Email: ______________________

WAIVER (Read before signing)
I know that participation in this event is a potentially hazardous activity. I will not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of any race official as to my ability to safely complete the event. I assume all risks associated with this event, including but not limited to falls, contact with other participants, effects of weather including high heat and humidity, traffic and the condition of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release GE, the Town of Plainville, The Petit Family Foundation, race officials, volunteers, and all sponsors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purposes. I know that dogs, bicycles, in-line skates, baby strollers and baby joggers are not allowed on the course.

Signature of Athlete (Parent’s Signature REQUIRED if participant is under 18 years of age)

________________________
Date: ______________________