



Presented by the Torrington Varsity Alumni Club

Saturday June 6, 2020 @ 10:30 a.m. at Torrington High School

Proceeds to benefit: **The Torrington Varsity Alumni Club Scholarship Fund & THS Department of Athletics**

Awards given to top finishers (male and female) – THS Alumni & Current Student as well as the following age groups:
13 & under, 14-18, 19-29, 30-49, 50-60 and 60 & over.

Official Raider Run T-Shirts to 1st 150 Runners

Please Circle Shirt Size: Adult Small Adult Medium Adult Large Adult XL

Entry Fees: \$30.00 per adult/ \$20.00 per student. Includes post-race Alumni Day Picnic

Family Registration (4 or more): \$70.00

There will be an additional \$5.00 fee for Race Day Registration (Race Day Registration begins at 8:30 a.m.)

Registration Form (one per runner)

Please Print

Last name: _____ First Name: _____

Street Address: _____ City: _____ Zip Code: _____

Phone: _____ Email Address: _____

Please Circle: Male or Female Age: _____

THS Alumni or Current Student Graduation Year: _____

Waiver: I understand that running a road race is a potentially hazardous activity and I should not enter unless I am medically able and properly trained. I assume all risks associated with running this event. Having read this waiver and knowing these facts and in consideration of your accepting my entry fee, I, for myself, and anyone entitled to act on my behalf, waive and release the Torrington Varsity Alumni Club and it's officers, The Raider Run race directors, the City of Torrington, the Torrington Board of Education, Torrington High School and all sponsors, their representatives and successors, for all claims or liabilities of any kind arising from participation in this event. I further agree to and do hereby assume any and all risks of personal injuries including death and all such damages to property, real or personal, caused by or arising out of my involvement in The Raider Run. I further agree that photos and movies taken or made in connection with The Raider Run, or any reproduction of the same, as well as PARTICIPANT'S name, may in any manner be used by SPONSORS or by any person, corporation, partnership or associations authorized by SPONSORS. I warrant that PARTICIPANT is in good health and has no physical condition that would prevent PARTICIPANT from participation in the EVENT.

I HAVE READ AND UNDERSTAND THE ABOVE RELEASE AND SIGN IT VOLUNTARILY.

Signature of participant

_____ Date: _____

Signature of Parent or Guardian (If participant is a minor)

_____ Date: _____

Please mail Registration Form with signature and fees (checks payable to Torrington Varsity Alumni Club) to:
VAC Raider Run, P.O. Box 281, Torrington CT 06790

Thank you to our sponsors!

