



Stu's 30K Road and Relay Race

9 - 10:45 AM REGISTRATION
11 AM RACE START

6
MARCH



CLINTON MIDDLE SCHOOL
100 W. BOYLSTON STREET

CMSRUN.ORG/RACES-EVENTS-3/STU-30K/



CONTACT KIM WAMBACK:
774-239-1751
STUS30K@GMAIL.COM

SWAG

Race swag for the first 250 participants

AWARDS

Awards to top finisher male and top finisher female • age group awards to the top finisher in the following categories: 18-29, 30-39, Masters, Seniors, Veterans, and 70+ • awards for the top finisher 2 person, 3 person, and 4 person relay team

ENTRY FEES AND SUBMISSION

2-4 Person Relay

\$50 per relay team member

Individual Race (18+ on race day only)

\$65 | now through 1/1/22

\$75 | 1/2/22 - 1/30/22

\$85 | 2/1/22 - 3/3/22

\$95 | 3/3/22 to day-of (cash or check only)

MAIL PRE-ENTRIES:

CMS/Stu's 30k

P.O. Box 922

Worcester, MA 01613-0922

I know that running a road race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, physical contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators including the potential the contraction of a communicable disease resulting from contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including: the effects of the weather; high heat and/or humidity; freezing cold temperatures; traffic and the conditions of the road including surrounding terrain. I further agree to abide by the Center for Disease Control's (CDC) recommendations for the prevention of the spread of the 2019 Novel Coronavirus Disease (COVID-19) and other communicable diseases, and I attest to having read the CDC's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. I assume all such risks being known, appreciated, and accepted by me.

I understand that bicycles, skateboards, baby joggers/strollers, roller skates or inline skates, animals, and personal music players are not allowed in the race, and I will abide by all race rules. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Stu's 30k Road and Relay Race, Central Mass Striders, the Road Runners Club of America, Clinton Public Schools, all event sponsors, their representatives and successors and all other individuals, entities, and organizations associated with the race from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. In addition, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participation in this event and personally assume this risk.

I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purposes. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event.

NAME (PRINT) _____ DATE OF BIRTH _____ SEX M F

ADDRESS _____ STATE _____ ZIP _____

RUNNING CLUB (OPTIONAL) _____ PHONE _____ EMAIL _____

SIGNATURE (REQUIRED) _____ AGE _____

(PARENT SIGNATURE IF UNDER 18 FOR RELAY RUNNERS)

(RACE DAY)

RELAY TEAM NAME (IF APPLICABLE) _____

OFFICIAL USE ONLY - BIB # _____



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RELAY TEAM APPLICATION

This form is to be submitted by relay teams only. Each relay runner must fill out and sign their individual Registration Slip and Waiver (see page 1). Please submit each relay member's signed Registration Slip and Waiver bundled with this Relay Team Application together to finalize the registration process.



RELAY TEAM NAME _____

NAMES OF RELAY RUNNERS

LEG 1 _____	REGISTRATION SLIP INCLUDED	<input type="checkbox"/>
	please check if applicable	
LEG 2 _____	REGISTRATION SLIP INCLUDED	<input type="checkbox"/>
	please check if applicable	
LEG 3 _____	REGISTRATION SLIP INCLUDED	<input type="checkbox"/>
	please check if applicable	
LEG 4 _____	REGISTRATION SLIP INCLUDED	<input type="checkbox"/>
	please check if applicable	