

Codfish Bowl -- Franklin Park, Boston - Individual Entry  
Saturday, September 23, 2017

Mail in entries: Return to USATF-NE, 2001 Beacon St Ste 207, Brighton MA 02135

Include \$10 entry fee

Or fax 617 939 0992 - email - [office@usatfne.org](mailto:office@usatfne.org)

**ENTRY FORM**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Age on September 23 \_\_\_\_\_ Gender: M / F

Email: \_\_\_\_\_

Club Name: \_\_\_\_\_

2017 USATF Membership #: \_\_\_\_\_ (required for club / unattached runners)

**Assumption of Risk:** I recognize that cross country running is a potentially hazardous activity and may result in severe injury. I understand that there is uneven footing and challenging terrain on the course. In exchange for acceptance of this entry, I for myself, my executors, administrators and assigns, do hereby release any rights and claims for damages I may have against USATF, USATF-New England, the City of Boston, and any and all sponsors and individuals involved with the presentation and conduct of the Codfish Bowl. I hereby attest that I have full knowledge of the risk involved in running in this race, and I am physically fit and sufficiently trained to participate in this race. Recognizing the potential risk to self and others, I acknowledge that no individual may run with a dog, nor may any runner wear headphones. USATF rules apply. As a coach of a college team, I verify that my runners are aware of risks of cross country and are sufficiently trained to compete in this race

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**ENTRY FORM / WAIVER**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Age on September 23 \_\_\_\_\_ Gender: M / F

Email: \_\_\_\_\_

Club Name: \_\_\_\_\_

2017 USATF Membership #: \_\_\_\_\_ (required for club / unattached runners)

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