

1040EZ Run

Presented by Jerold L. John Tax Consultant

**A 5K Road Race to benefit the
Windsor Police Explorers**



Date: Saturday, April 17th, 2010

Time: Race starts at 10:40 AM (RAIN or SHINE)

Fee: \$20.00 Pre-Registration (**\$25.00 after 4/10/10**)

Registration: 8:30 A.M. to 10:30 A.M.

Location: Oliver Ellsworth School, 730 Kennedy Road, Windsor, CT

Race Highlights: Live Music Food & Beverages Goody Bags Free T-Shirts for first 100 Registered
Awards for Best Overall Male & Female AND "Top 3" in Each Division
(12 & Under) (13-18) (19-29) (30-39) (40-49) (50-59) (60-69) (70+)

For More Information Email: 1040EZRun@gmail.com or On-line: www.thelastmileracing.com (click 1040EZ Race Link)

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Mail Registration & Entry Fee to: Officer Bernard Petkis, 340 Bloomfield Avenue, Windsor, CT 06095
Make Checks Payable to the: "Windsor Police Explorers"

First Name		Last Name		
Address				
City		State		Zip
Sex		Date of Birth		Race Day Age
T-Shirt Size	Small	Medium	Large	X-Large

I, _____, the undersigned by registering for the 1040EZ Run (Windsor Police Explorers 5K Race), understand the nature and risks associated with participation in this activity. I am aware that participation is at one's own risk. I acknowledge that the activity, equipment, and facilities may pose significant risk of personal injury. I am also aware that each participant is responsible for his or her own safety. I hereby grant myself, as well as, my heirs, executors, and administrators, to waive and release any and all claims of damage we have ever had or now have, against the Windsor Police Explorers and the Town of Windsor; their successors, assigns, employees, agents, and representatives; and the Last Mile Race Management Co. for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by myself, while participating in this activity. I understand that the Windsor Police Explorers, the Town of Windsor, and the Last Mile Race Management Co. are not responsible for medical, hospital, emergency room, or transportation expenses for any incidental illness or injury to the above named participant.

I certify that the information contained on this form is accurate and complete.

Signature: _____ Date: _____
(Parent or Guardian if under 18)