

# 1040EZ Run

PRESENTED BY JEROLD L. JOHN TAX CONSULTANT &  
RONCARI EXPRESS VALET PARKING

## A 5K ROAD RACE TO BENEFIT THE WINDSOR POLICE CADETS...

DATE: SATURDAY, APRIL 14, 2012

LOCATION: OLIVER ELLSWORTH SCHOOL, 730 KENNEDY ROAD, WINDSOR, CT

TIME: RACE STARTS AT 10:40 AM (RAIN OR SHINE)

REGISTRATION: 8:30 AM TO 10:30 AM

FEE: \$20.00 PRE-REGISTRATION (\$25.00 AFTER MARCH 31, 2012)

RACE HIGHLIGHTS: EASY ON-LINE REGISTRATION, GOODY BAGS,  
FREE INJURY ASSESSMENT, MUSIC, PHOTOGRAPHY, PRE-RACE WARM-UP,  
REFRESHMENTS, AND FIRST 100 TO REGISTER RECEIVE A FREE T-SHIRT



AWARDS: BEST OVERALL MALE & FEMALE, "TOP 3 INDIVIDUALS" IN EACH AGE DIVISION, AND  
"TOP 3 TEAMS" IN LAW ENFORCEMENT & OPEN 1099 DIVISIONS (CO-ED/MINIMUM 3)

FOR MORE INFORMATION CHECK OUT [WWW.WINDSORPOLICECADETS.ORG](http://WWW.WINDSORPOLICECADETS.ORG)

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MAIL REGISTRATION & ENTRY FEE TO: OFFICER BERNARD PETKIS, 340 BLOOMFIELD AVE, WINDSOR, CT 06095  
*MAKE CHECKS PAYABLE TO THE "WINDSOR POLICE CADETS, INC."*

FIRST NAME		LAST NAME			
ADDRESS					
CITY		STATE	ZIP	RACE DAY AGE	
SEX (CIRCLE ONE)	M   F	DATE OF BIRTH	T-SHIRT SIZE (CIRCLE ONE)	S   M   L   XL	
TEAM NAME		TEAM DIVISION <b>LAW ENFORCEMENT/OPEN 1099</b> (CIRCLE ONE)			

I, \_\_\_\_\_, THE UNDERSIGNED BY REGISTERING FOR THE 1040EZ RUN (WINDSOR POLICE CADETS 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 CADETS, INC. AND ITS BOARD OF DIRECTORS; THE WINDSOR POLICE CADETS AND ITS ADVISORS AND VOLUNTEERS; THE TOWN OF WINDSOR AND ITS OFFICIALS, AS WELL AS, ALL PERSONNEL OF THE TOWN OF WINDSOR; 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 CADETS, INC., WINDSOR POLICE CADETS, 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)