



**Location!**

**Camp MOE**

**1145 Brandy Hill Road**

**Torrington, CT**

Checks payable to:

Miles4Moe Foundation Fund

c/o Emil Renzullo, Sr.

149 Turner Avenue

Torrington, CT 06790

**Contact Information**

Gender: \_\_\_\_\_ (for race result purposes) Birth date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (for race result purposes)

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

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

I am a runner     I am a walker

Individual \$30

Student or Child (18 & under) \$20

Family (4 or more) \$50

Picnic only \$10

**Registration: 8:30 am—9:45 am**

**Race Starts @ 10:00 am**

**Waiver & Release**

I affirm that I am a voluntary participant in this event and in good physical condition. I realize that the event is a potentially hazardous activity, in which I agree to participate at my own risk. I hereby release and hold harmless The ARC of Litchfield County, Inc., its affiliates and any affiliated individuals from any liability arising from accidents or injury which may occur during my participation in this event. I agree to release and hold harmless The ARC of Litchfield County, Inc., its affiliates and affiliated individuals from any loss, damage, personal and damages caused by falls, contact with another participant(s), course conditions or any negligence of LARC and its affiliates. I hereby agree to release and hold harmless Miles4Moe Foundation Fund, any involved municipalities, officers, members, agents or sponsors for any loss, damage, personal injuries and damages caused by falls, contact with other participants, course conditions, or any negligence of Miles4Moe, its sponsors, agents or employees. I agree to follow the rules of the event. I hereby give permission to The ARC of Litchfield County, Inc., Miles4Moe, its local affiliates and sponsors to use my photograph, video image or audio recordings made during the event.

Signature Required to Participate  
(parent or guardian's signature if under age of 18)

Signed: \_\_\_\_\_