**February 24th, 2019**



**Registration:**

**Name:**

**Address:**

**City:**

**Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:**

**Age on Race Day**

**Gender (circle): Male Female**

**Circle one**

**$20 Shiver Shuffle 5K (no shirt) $25 ERR Member 5K (No shirt)**

**$75 Shiver Shuffle 5K with ¼ Zip $70 ERR Member Shiver Shuffle 5K with ¼ Zip**

 ***Female:* SM MED LG XL**

 ***Male*  SM MED LG XL 2XL**

*¼ Zip is not guaranteed for registrations received after January 30*

**WAIVER OF LIABILITY: Participant understands that he/she is subject to the school and council rules of conduct and sportsmanship. The undersigned acknowledges that neither the Freedom Area Recreation Council, the Eldersburg Rogue Runners nor Tri Sport Junction provide any registrant medical or hospitalization insurance whatsoever, and hereby waives any and all claims against the Freedom Area Recreation Council, the Carroll County Department of Recreation and Parks, Eldersburg Rogue Runners, Tri Sport Junction, or any other person affiliated with these entities and sponsors for injuries sustained while watching or participating**

**in this event or traveling to and from event. I also agree that photographs taken of my child or me while participating in this activity may be used for publicity purposes. I am the legal guardian of the athlete listed above and have read the above waiver of liability**

**Signature and Date**

**All registrations are final; there are no refunds due to weather or non-participation**

Mail to: Eldersburg Rogue Runners

PO Box 1726

Eldersburg MD 2178

Or Drop off at:

Tri Sport Junction

7568 B Main St, Sykesville MD 21784

 ***See errun.org for more race details***

**Emergency contact Name and Phone #**

**----------------------------------------------------------**