**Want more races??**

**Try the Carroll County Triple Crown 5K Series!**

**Total of 3 races - all 5K distances**

**Run all three races and receive a CCTC Medal.**

**Medal awarded at the last race.**

October 21, 2017 - South Carroll High School Trail Run

November 18, 2017 - Century High School Road Race

December 2, 2017 - Liberty High School Trail Run

Registration Fee $60 (includes all 3 races) - No discounts - Mail in registration form or register on Active.com

------------------------------------To register by mail, cut & mail this portion of registration form----------------------------------------------------

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age on race day: \_\_\_\_\_\_\_ (Circle): Male Female

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Shirt Size:** (circle one) S M L XL

Waiver and release: I recognize that participation in this activity may involve certain hazards. I understand that I should not participate unless medically able. I assume all risks associated with this event, including but not limited to falls, contact with other participants, effects of weather and road and traffic conditions, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I , for myself and anyone entitled to act on my behalf, waive and release all sponsors and hosts and their representatives and successors from any claim of liability arising from any involvement in this activity. The Americans with Disabilities Act applies to the Carroll County Government and its programs, services, activities, and facilities. Anyone requiring an auxiliary aid or service for effective communication or who has a complaint should contact The Department of Citizen Services, [410.386.3600](tel:410.386.3600) or [1.888.302.8978](tel:1.888.302.8978) or MD Relay 7-1-1/[1.800.735.2258](tel:1.800.735.2258) as soon as possible but no later than 72 hours before the scheduled event.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent (if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

***Make checks payable to: Eldersburg Rogue Runners***

***Mail to: ERR-CCTC Series, PO Box 1726, Eldersburg, MD 21784***