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**Sykesville Shiver Shuffle Saturday February 28, 2015 Race Start Time 1 P.M.** Location: Baldwin’s Station 7618 Main Street , Sykesville, MD 21784

**Approximately 5k distance – predict your time the day of the race!**

**No watches, phones or other electronics allowed.**

**Awards for overall winners male, female and closest predicted time.**

**On Line Registration at** [**www.active.com**](http://www.active.com) **for more information errmembership@gmail.com.**

**Registration cost $30 (non-ERR members); $25 (ERR members)**

**Post-race refreshments include Salad, *Penne Pasta & Fettuccine, Soda*, coffee & tea, Cash bar**

**PRE REGISTER! T-shirt guaranteed for first 30 Pre-registrations, must be post marked by Feb 10, 2014.**

**Race day registration will be open at 11:30 AM before the race.**

**On race day, show your race bib to select Main Street Businesses for discount on purchases.**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth\_\_\_\_\_\_\_\_ Male Female T-Shirt size: Youth or Adult Small Med Large**

**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 nor the Eldersburg Rogue Runners 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, 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.**

**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 Madeline M. Morey, The Americans with Disabilities Act Coordinator,** **410.386.3800****,** **1.888.302.8978****, MD Relay 7-1-1/1.800.735.2258 or email** **mmorey@ccg.carr.org** **as soon as possible but no later than 72 hours before the scheduled event.**

 **I am the legal guardian of the athlete listed above and have read the above waiver of liability.**

**Signature and date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**