



THE EYE INSTITUTE CLASSIC

ENTRY FORM (please print)

Name: (First) _____ (Last) _____ Male Female

Date of Birth: (month, day, year) _____ Age on Race Day: _____

SELECT ONE: I will be RUNNING (walk/run allowed) I will be WALKING (NO running allowed at any time)

(Runners must be BTFA registered or must pay one time race fee)

Telephone numbers (s): (H) _____ (W) _____ (Cell) _____

Emergency Contact name & number on race day: _____

Runners: (please circle) 9 – 18, 19 – 39, 40 – 49, 50 – 59, ...60 & over

Waiver: In consideration of my/my child's participation in the Bermuda International Eye Institute Road Race henceforth "the Race," I agree to take responsibility for my/my child's compliance with the rules and event instructions provided for the Race. I consent to discharge the Bermuda International Eye Institute, the Bermuda Track & Field Association, Bermuda Timing Systems, the Race Directors, the Race Sponsors, the Race Sponsor's Officials, other competitors, and all the Race Volunteers and Helpers from any claims or damages for personal injury or property loss or damage incurred by me/my child in participation in the Race. I acknowledge that the Race requires me/my child to be in good physical condition and that he/she/I will be required to run on open roads with traffic. I understand that my/my child's participation in the Race carries risk of personal injury which may be caused by the terrain, weather conditions, my/my child's physical condition, vehicular or pedestrian traffic and participants and other volunteers in the Race. I consent to my/my child receiving medical treatment which may be deemed advisable in the event of injury and/or accident and/or illness during the Race. I am of legal age and understand this consent and release. A PARENT OR GUARDIAN SIGNATURE IS REQUIRED IF COMPETITOR IS UNDER 21 YEARS OF AGE.

Parent or Guardian Signature: _____ Parent or Guardian Name: _____

Competitor Signature: _____ Competitor Name: _____