



Registration Fee: \$20.00

Pre-register by April 30th for **FREE** T-shirt

Includes complimentary post race cookout

Awards for top three finishers in each age group

Race **Start/Finish** at **Comstock Covered Bridge**

Parking/Registration in **Salmon River State Park**

Combination pavement, dirt road, stone dust trail

5.5 miles of classic rural New England scenery

Walkers welcome to participate!

Race Date: May 9, 2009 10:00AM Start

Directions: From Norwich, New London: take Route 2 west to Exit 18 and make a left onto Rt. 16. Follow Rt. 16 west for 6.2 miles. The State Park will be on your left hand side. **From Middletown:** follow Rt. 66 east to Rt. 16, and follow Rt. 16 east for 5.5 miles. The State Park will be on your right hand side. **From Hartford:** follow Rt. 2 east to exit 16. Make a right onto Rt. 149 and follow Rt. 149 south for 3.2 miles then turn right onto Rt. 16. Follow Rt. 16 west for 1.9 miles. The State Park will be on your left hand side.

Race Application

I understand that participation in this event involves risks of personal and bodily injury, including but not limited to paralysis, heart attack, and death, as well as loss or damage to property. I realize that activities such as this may be inherently dangerous and my decision to participate in all such activities is made in full recognition of these risks and is entirely voluntary. In consideration of your acceptance of this application, I agree for myself, my heirs, successors, and assigns to hold harmless the Colchester Land Trust, its affiliates, subsidiaries and any other entity associated with this event, and each of their directors, officers, agents, representatives, employees, volunteers, successors and assigns from all liability on account of injury, loss claim, or damage to my body, health, well-being or property. I further authorize the personnel to act for me according to their best judgment in any emergency requiring medical attention. I understand that I am responsible for all financial liabilities arising from a situation involving medical treatment. I agree that the terms of this release is applicable to any and all of my dependents who take part in this event.

Name: _____ Age on Race Day _____ M F

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: ____/____/____

T-Shirt Size: SM MED LG XL

Please make check payable to the **Colchester Land Trust, P. O. Box 176, Colchester, CT 06415**

For more information, contact Cathy Shea, cshea@pcnet.com, (860)537-2158 or Susan Rzewuski (860)537-5760