



Registration Fee: \$25.00

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

Includes complimentary post race cookout

Race Start/Finish at Comstock Covered Bridge

Awards to top 3 finishers in each age/gender group

Parking/Registration at Salmon River Picnic Shelter

Varied terrain: pavement, dirt road, stone dust trail

5.5 miles of classic rural New England scenery

Walkers welcome!

Race Date: May 8, 2010 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

In consideration of acceptance of this entry, I the undersigned, intending to be legally bound, do hereby for myself, my children, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against any and all race sponsors, directors, volunteers, hired services, facilities, or the cities and towns in which this event is contested, their representatives, successor or assigned, including but not limited to the Colchester Land Trust, the State of Connecticut, the Town of Colchester, and the Town of East Hampton for any injuries suffered by me in said event or to and from such event. I realize that this event is run on public roads and there is little or no traffic control provided and that I participate in this event at my own risk. I attest and verify that I am physically fit and sufficiently trained for completion of this event and a licensed medical doctor has verified any physical condition within the last six months. Further, I hereby grant full permission to any and all of the foregoing to use my photographs, videotapes, motion pictures, recordings, and any other record of this event for any purpose without compensation or remuneration. I also give my permission and consent to act in my behalf to authorize medical treatment should it be required.

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 racedirector@salmonriverrun.org, Cathy Shea (860)537-2158 or Susan Rzewuski (860)537-5760