

## The Wanderers Fall Trail Series is Back!

Please help us spread the word! E-mail this document to your running friends.

Run in these informal trail races organized by the Wissahickon Wanderers the first 4 Thursday evenings in SEP.

The distances range generally from **three to five miles** through the woods of the Wissahickon and along Forbidden Drive. There is **no charge** and the races are **open to everybody**! If you are not familiar with the Wissahickon park, this is your chance!

Designing the courses will be the same crack crew who laid out the runs for the various past Spring and Fall Trail Series.

When: (Thursday evenings) Sep 2, Sep 9, Sep 16 & Sep 23 (no race on 9/30!)

All races will begin at 6:30 p.m. sharp so that we can take advantage of the limited daylight. SO PLEASE SHOW UP A LITTLE EARLY.

To expedite on-site registration, please fill out page 2 of this document and bring it with you!

**Where**: We meet at the **Valley Green Inn** on Forbidden Drive in the Wissahickon (<u>directions</u>). The Inn, by the way, welcomes runners for post race refreshments no matter how sweaty they are!

**Updates**: Be sure to check the <u>Wanderers web site (WanderersRunningClub.org)</u> or follow <u>our Twitter</u> <u>Account</u> for last minute status updates as well as post-race reports and photos.



## WISSAHICKON WANDERERS 2010 FALL TRAIL SERIES WAIVER

In submitting this form, I, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have now or here after arising against the Wissahickon Wanderers 2010 Fall Trail Series, all sponsors and race administrators, and their employees, officers, directors, principals, agents, representatives, successors, and assigns, including but not limited to any and all claims of damages, injuries, demands, actions, whatsoever, however they may occur, arising as a result of my participation in said event.

I acknowledge that I am aware of the inherent risks in participating in an athletic event of this type. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event. Furthermore, I hereby grant full permission to any and all of the foregoing to use my name, my voice, and/or my picture in any broadcast, telecast, advertising, promotion or other account of this event for any purposes whatsoever.

NAME (please print	clearly)
SIGNATURE:	
DATE:	
ADDRESS:	
CITY	STATE ZIP CODE
EMAIL ADDRESS: _	

(note: we do not share any personal information with any third party for any reason!)