

# 12th Annual Wanderers Fall Trail Series



Run in one or more of these **FREE informal trail races** organized by the **Wissahickon Wanderers FIRST FOUR Thursday evening in SEP (2016).**

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!

**When: Thursday evenings SEP 1, 8, 15 & 22**

**Races begin at 6:30 p.m. sharp** because of the limited daylight. Pls. get there early!

**Where:** We meet at the **Valley Green Inn** in the Wissahickon. The Inn, by the way, welcomes runners for post race refreshments no matter how sweaty they are!

**Event details, status updates, race results, reports, photos:**  
[WanderersRunningClub.org](http://WanderersRunningClub.org) or [facebook.com/groups/wissahickonwanderers/](https://facebook.com/groups/wissahickonwanderers/)

**SAVE TIME on race day: fill out and bring the waiver below!**

### WISSAHICKON WANDERERS 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 2016 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 (print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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

