



30th Annual Merrimack River 10 mile trail race Presented by North Medford Club

The NMC is the second oldest running club in the USA, founded in 1933. Our tradition has been to keep the races low cost and friendly. We love running & we are supportive of each other & our community.

April 9, Saturday, 2022 - 9:00 AM

Back parking lot of the DoubleTree by Hilton Hotel-Old River Rd, Andover, MA.

Portable Bathroom Facilities will be provided, please do not use the hotel's facilities! The continuation of the race may depend on your consideration.

Parking: Back parking lot, DoubleTree by Hilton (Formerly the Wyndham Hotel): Old River Rd, Andover MA

Registration 8:00 am – 8:45 am.

Distance: 10 miles (out/back course)

Entry Fee: \$10.00 pre [prior to April 2 (do not mail after 4/2/2022)]
\$15.00 post – Add \$10 for t-shirt (**only 75 shirts**).

Make checks payable to: North Medford Club
mail to: Marge Gladwin c/o NMC, P.O. Box 2064, Westford, MA 01886
Questions? E-mail Mei at mutrner@yahoo.com



Water Stations: Unmanned at 2 and 8 miles (manned at 4 miles).

Prizes: \$100 for new course records (Paul Low 56:30, Kim Nedeau 65:08)

Home baked "Johnny" pie to male & female winners

Homemade "Marge" banana bread to male & female winners under 20, 30+, 40+, 50+, 60+, 70+, 80+

Fresh baked (maybe baked in store!) treats to 2nd & 3rd place overall & under 20, 30+, 40+, 50+, 60+, 70+, 80+ winners

Free entry to 200 Mile Club members, all previous male/female winners & past race director (additional fee for t-shirt)

Refreshments: Bagels, fruits, drinks, and snacks will be available following the race.

Post-race raffle & Awards @ ~10:45 AM. A portion of the race proceeds will be donated to Andover Village Improvement Society for Merrimack River Trail maintenance.

-----Cut here and mail the signed Assumption of Risk-----

Please enter me in the 30th annual Merrimack River Trail Run (MRTR). I agree to assume all responsibility for all risk of damage or injury to me as a participant in this event. In consideration of being accepted as an entrant in the MRTR, I hereby, for myself, my heirs, executors and administrators, release and discharge the USATF, and any and all other individuals, entities and organizations associated with the race from all claims, damages, rights of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of, or in incident to, my participation in this event. I hereby certify that I will not participate in the MRTR unless I am physically fit and sufficiently trained for competition in the race. I also grant permission for the use of my name and/or picture in any broadcast, photograph or other account of this race. I understand that bicycles, skateboards, baby joggers or strollers, roller skates or blades, animals and audio headsets are not allowed in the race and I abide by this guideline.

Name _____ Date of Birth _____ Age _____ Gender F / M

City/Town _____ State _____ Zip _____

Club/Team _____ USATF # (if applicable) _____ Email _____

T-shirt size: S / M / L / XL Total enclosed (**\$10 pre-entry/ \$15 post-entry + \$10 for t-shirt**) _____
Make checks payable to: North Medford Club

Signature (Parent's if under 18): _____

[Please sign the assumption of risk and the Waivers-Consent Forms From Andover Town Counsel (next two pages). If you do not sign, you cannot run!]

TOWN OF ANDOVER
PRIVATELY ORGANIZED PROGRAM, ACTIVITY OR EVENT
CONSENT, RELEASE, AND INDEMNIFICATION AGREEMENT

Name of Program/Activity/Event: Merrimack River Trail Race

Program/Activity/Event Sponsor: North Medford Club

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in its entirety. By signing this agreement, you give up your right and the named minor's right to bring a court ^{Text} action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your or the named minor's participation in privately organized programs, activities, and events conducted on property of the Town of Andover. You understand that the above referenced program/activity/event conducted on property of the Town of Andover is conducted by private individuals and/or organizations and is not supervised by the Town of Andover.

Acknowledgement of Risk

I, _____ (Name) for myself and in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge and agree that participation in programs, activities and events conducted by private individuals or organizations on property of the Town of Andover comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with participation in these programs, activities and events, and assume such risks, including, but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to and infection with viruses or bacteria, including but not limited to Coronavirus/COVID-19. I further acknowledge that the preceding list is not inclusive of all possible risks associated with participation in said programs/activities/events and that said list in no way limits the operation of this agreement.

Coronavirus/Covid-19 Warning & Disclaimer

Coronavirus/COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participation in programs, activities, and events conducted on property of the Town of Andover or accessing Town of Andover property, facilities and equipment could increase the risk of contracting COVID-19.** The Town of Andover in no way warrants that COVID-19 infection will not occur through participation in such programs, activities and events or accessing Town of Andover property.

PARENTAL/GUARDIAN CONSENT, RELEASE, AND INDEMNIFICATION (Minor)

I, _____ (Name), the undersigned _____ (legal relationship) of my child, _____ (Name), a minor, do hereby consent to my child's participation in privately organized programs, activities and events taking place on Town of Andover property or facilities .

On behalf of myself and my child, and our respective heirs, representatives, executors administrators and assigns I also agree to indemnify, defend, release, discharge and hold harmless the Town of Andover, and all of its successors, employees, agents, officials, board members, and volunteers (the Releasees) from any and all claims, proceedings, rights of action and causes of action of any description, including reasonable attorneys' fees, that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage or personal injury resulting from my child's participation in programs, activities and events conducted by private individuals or organizations taking place on Town of Andover property and facilities or related to the use of the property, facilities and equipment of the Releasees, whether supervised or unsupervised, or from the negligence of the Releasees, including but not limited to any and all claims, rights of action and causes of action associated in any way with COVID-19.

I further affirm that I have read this Consent, Release and Indemnification Agreement and that I understand the contents of this Agreement. I understand that these programs, activities and events involve physical activity and that my child's participation in these programs, activities and events is voluntary and that my child and I are free to choose not to participate in said programs, activities and events. By signing this Agreement I affirm that I have decided to allow my child to participate in these programs, activities and events with full knowledge that the Releasees will not be liable to anyone for personal injuries or property damage which my child or I may suffer in these programs, activities and events, and I hereby certify that my child is in good health and has no conditions or impairments which would preclude his/her safe participation in said programs, activities and events.

If I cannot be reached in a medical emergency, I consent to my child's treatment by a medical doctor and agree to pay all costs associated with said treatment, including transportation to a medical facility.

CONSENT, RELEASE, AND INDEMNIFICATION INDIVIDUAL (Adult – Age 18 and Over)

I, _____(Name), for myself and on behalf of myself, my heirs, representatives, executors, administrators and assigns, agree to indemnify, defend, release, discharge and hold harmless the Town of Andover, and all of its successors, employees, agents, officials, board members, and volunteers (the Releasees) from any and all claims, proceedings rights of action and causes of action of any description, including reasonable attorneys' fees, that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage or personal injury resulting from my participation in programs, activities and events conducted by private individuals or organizations taking place on on Town of Andover property and facilities or related to the use of the property, facilities and equipment of the Releasees, whether supervised or unsupervised, or from the negligence of the Releasees, including but not limited to any and all claims, rights of action and causes of action associated in any way with COVID-19.

I further affirm that I have read this Consent, Release and Indemnification Agreement and that I understand the contents of this Agreement. I understand that my participation is voluntary and that I am free to choose not to participate in said programs, activities and events. I understand that these programs, activities and events involve physical activity and hereby certify that I am in good health and have no condition or impairment which would preclude my safe participation in said programs, activities or events. By signing this Agreement, I affirm that I have decided to participate in the program, activity, or event named above with full knowledge that the Releasees will not be liable to anyone for personal injuries or property damage that I or any other party may suffer in such programs, activities and events.

Signature: _____

Name: _____

Address: _____

Date: _____

Telephone: _____

Email: _____

Name of Minor (If Applicable): _____