

**THE WESTERLY TRACK & ATHLETIC CLUB
CLAMDIGGER 5 MILE ROAD RACE
USATF NEW ENGLAND GRAND PRIX 8K RACE WALK
3 MILE FITNESS WALK
& 1K KIDS RUN (Free)**

When: Sunday - April 19, 2009 10:45 am NE Grand Prix Race Walk
11:00 am Road Race & Fitness Walk, 12:00 (Noon) Kids Run
Where: START & FINISH at the WESTERLY TOWN BEACH PAVILION
ATLANTIC AVENUE, MISQUAMICUT BEACH, WESTERLY, RI
Course: Flat, Fast, Out & Back (Judges will be present for Race Walk)
Timing: SNERRO
Entry Fee: \$18.00 Pre / \$20.00 Post Registration after April 11, 2009
Note: (\$2.00 discount for WT & AC pre-registered paid members.)
Proceeds to support area youth running
Information: Contact: (401) 377-2306 or nbotjr@cox.net
(Race Walk) jolt47@cox.net
<http://www.westerlytrackclub.org>

Gifts to PreRegistered prior to April 12, 2009

Award Categories: 0-19 Jr.; 20-29 Open; 30-39 Submaster; 40-49
Master; 50-59 Grandmaster; 60-69 Senior; &
70 + Veteran & Top Race Walkers

Refreshments: Our (namesake) Clamchowder & Drinks for all
participants.

WAIVER OF LIABILITY AND ASSUMPTION OF RISK

In consideration of accepting my entry, I the undersigned, intending to be legally bound, hereby waive and release any and all rights and claims for losses and damages that I may have against the Town of Westerly, the WT&AC, Inc. and its members: The Committee, representatives and any volunteer personnel for any injury that I may receive from my participation in the WT&AC Clamdigger 5 Mile Race/Walk on April 19, 2009. Any participant under the age of 18 years must have parents written permission to compete. I hereby assume any risk arising out of my participation in this event sponsored by the WT&AC, Inc. This waiver of liability and assumption of risk is based on RI Statute 7-6-9 entitled Exemption from Liability.

Mail check (payable to WT&AC) & entry to: CLAMDIGGER, WT&AC, PO Box 211, Westerly, RI 02891

Category: 5 Mile Race _____ USATFNE 8K Race Walk _____ 3 Mile Fitness Walk _____
USATF membership # _____

Name _____ Sex: M F Age (4/19/09) _____
Address _____ Phone # _____
City/State/Zip _____
Signature _____ Date _____
Parent if under 18 years of age