Indian Trails Adventure Run Waiver

August 1, 2026

2026 ADR Member? Yes ___ (free) No___ ($10 per person)

Make checks payable and mail to: ADR, PO Box 43, Ashtabula, OH 44005

Race Director: Warren Dillaway 440.812.5392

Name (please print): _____

Gender: _____ Date of Birth: _____ Age on Race Day: _____

Address: _____ City: _____ State: ____ Zip: _____

Email: _____

Emergency Contact Name: _____ and Phone Number: _____

I accept that I compete in this event at my own risk and I hereby waive and release the event, Ashtabula City, Ashtabula Township, Plymouth Township, Ashtabula Distance Runners Club, sponsors, contributors, supporters, and officials associated with the event from all rights and claims for any accident, injury, or loss suffered as a consequence of my participation.

Date: _____ Signature: _____

Must be signed by parent (if under 18 years)