

6<sup>th</sup> Annual  
**Colchester Land Trust**  
**Salmon River 5.5 Mile Run**  
May 12<sup>th</sup> 2012

**10:00am Start - Registration Fee: \$25.00 – FREE socks to first 200**  
**Race Start/Finish at Comstock Covered Bridge**  
**Parking/Registration at Salmon River Picnic Shelter**

**FEATURES: 5.5 miles of beautiful river and forest scenery, mixed terrain of pavement, gravel, and improved trail, post-race massages, health screenings, awards ceremony and BBQ. FREE T-shirt if pre-registered by April 30<sup>th</sup>.**

**THANKS TO OUR GENEROUS SPONSORS:**

**Dr. Steven C. Lakes, DMD • Smith Insurance • Construction Concepts LLC • Colchester Massage • Casey Chiropractic • Professional Therapeutic Massage • Law Offices of Gilbert P. Kaback, P. C. • John Gagnon's Pet Resort • A Currant Affair • Ford Folios • Colchester Veterinary Hospital • Savings Institute Bank & Trust • A Best Gutters • United Auto Parts • Club Fitness USA • Papa Z's • SkyView Realty • Willimantic Waste Paper • Reed Wealth Management • Rockville Bank • Starbuck's • Jon's Fish Market • Café Mangia • Illiano's Restaurant • Noel's Market • Birch Pond Farm • Wigwam Mills**

For more information, visit [www.salmonriverrun.org](http://www.salmonriverrun.org) or contact [racedirector@salmonriverrun.org](mailto:racedirector@salmonriverrun.org)

**Race Application** -----

In consideration of acceptance of this entry, I the undersigned, intending to be legally bound, do hereby for myself, my children, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against any and all race sponsors, directors, volunteers, hired services, facilities, or the cities and towns in which this event is contested, their representatives, successor or assigned, including but not limited to the Colchester Land Trust, the State of Connecticut, the Town of Colchester, and the Town of East Hampton for any injuries suffered by me in said event or to and from such event. I realize that this event is run on public roads and there is little or no traffic control provided and that I participate in this event at my own risk. I attest and verify that I am physically fit and sufficiently trained for completion of this event and a licensed medical doctor has verified any physical condition within the last six months. Further, I hereby grant full permission to any and all of the foregoing to use my photographs, videotapes, motion pictures, recordings, and any other record of this event for any purpose without compensation or remuneration. I also give my permission and consent to act in my behalf to authorize medical treatment should it be required.

Name: \_\_\_\_\_ Age on Race Day \_\_\_\_\_ M \_\_\_ F \_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

T-Shirt Size: SM MED LG XL 2X

Please make check payable to: **Colchester Land Trust, P. O. Box 93, Colchester, CT 06415**