Action Rehab

Juneau Trail and Road Runners is an affiliate member of the Road Runners Club of America.

Race Date:	Saturday October 16 1999
Start Time:	09:00AM (Registration 08:15AM)
Location:	Auke Rec
Race Contact:	Chris Chiles

join JTRR https://southeastroadrunners.org/

results online: https://jtrr.org/event/1999/race/585

Course Description:

The 1st Annual Action Rehab Race in celebration of National Physical Therapy Month was a success! We held the race on October 16, 1999 and it went off without a hitch. We had decent weather for that time of the year and 20 individuals participated in the race---not bad for our first race. After the race, we visited together in the main Auke Rec pavilion with a roaring fire, hot apple cider, and muffins. Prizes were given to the winners and a drawing was held to win cool Physical Therapy Month memorabilia.

ENTRY FORM

Distance

- ☐ **1 mile (1 miles)**
- ☐ **10k (10 km)**
- ☐ **volunteer - $0**

SPONSORED BY
Juneau Trail and Road Runners

ENTRY FEES
Kids 18 & Under - $0
Adults Day of Race - $0

Last Name _____ First Name _____

GENDER CIRCLE ONE (Male|Female|Non-Binary) Age on 7/1/1999_____

email _____ JTRR MEMBER: (YES|NO) (if yes, skip phone,address)

MAILING ADDRESS

STREET OR BOX _____

CITY _____ PHONE _____

STATE _____ ZIP _____

WAIVER: I know that running or volunteering to work in this race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running or volunteering in this event, including but not limited to: falls, physical contact with and/or the potential contraction of a communicable disease from other participants, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including: the effects of the weather; high heat and/or humidity; freezing cold temperatures; traffic and the conditions of the road and/or trail including surrounding terrain. I understand that bicycles, skateboards, roller skates or inline skates, animals, and personal music players are not allowed in the race, and I will abide by all race rules. If allowed by the Race Director, and if I am pushing a baby jogger or stroller, I also accept the responsibility for injury up to death of the child being transported in the jogger or stroller. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Juneau Trail and Road Runners, the United States Forest Service, the state of Alaska, the City and Borough of Juneau, and the Road Runners Club of America, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. In addition, I acknowledge the contagious nature of communicable diseases and voluntarily assume the risk that I may be exposed to or infected by communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or anyother record of this event for any legitimate purposes. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is canceled before or during the event

SIGNATURE _____

BIB NUMBER:
(for race officials only)

_____

SIGNATURE of parent or guardian if under 18

DATE_____