CFA 5K
WE RUN FOR MENTAL HEALTH

CHILD & FAMILY AGENCY'S TRAIL 5K & CHILDREN'S FUN RUN 2025

SATURDAY, OCTOBER 4, 2025 – DEANS MILL FARM, STONINGTON, CT

5K START: 9:00 AM | KIDS' FUN RUN START: 10:00 AM

RUNSIGNUP.COM/CFA5K

Full Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Gender ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer Not to Say

T-Shirt Size (Guaranteed If You Register by 9/19/25)

☐ X-Small ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ 2X-Large

Payment Information

CC # _____

Expiration Date _____ CVV _____

Name _____

Make checks payable to: Child and Family Agency of SE CT

Early-Bird Registration Fees (Ends 9/19/25):
Ages 7 and up $35
Ages 6 and under ..... Free

Regular Registration Fees:
Ages 7 and up $45
Ages 6 and under ..... Free

Consent

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all rights and claims for damages or injuries that I may have against the Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typically found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

This event follows the standard running industry policy: All entry fees are non-refundable. We reserve the right to postpone or cancel the event due to circumstances beyond our control such as a natural disaster or emergency or as required to protect the safety of participants and staff. No refunds will be issued under these circumstances. We reserve the right to change the details of the event without prior notice. I understand that my entry fee is nonrefundable and bib numbers are non transferable.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver including the no refund policy.

_____ _____

Signature **Date**

All proceeds will support Child and Family Agency (CFA), a non-profit organization advancing individual and community health. Learn more about our mission at CTCFA.org.