

MONSON MEMORIAL CLASSIC

Sunday, November 14, 2010

Start Time: 12 NOON

MAIN STREET — MONSON, MA



★ CERTIFIED HALF-MARATHON ★ CERTIFIED 5-K ★ 2-MILE FUN WALK ★

1/2 MARATHON 5 k (COMPETITIVE RUNNERS AND CASUAL JOGGERS) TEAM: WALK: (COMPETITIVE AND CASUAL WALKERS) NO RUNNING, WALKING ONLY

LAST NAME

FIRST NAME

EMAIL

AGE ON: 11/8 BIRTHDATE MONTH DAY YEAR SEX SHIRT SIZE S M L XL

ADDRESS

CITY

STATE

ZIP

TEAM NAME:

USA T&F #:

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I assume all risks associated with running in this event including. Having read this waiver and knowing these facts and in consideration of your accepting my entry. I, for myself and anyone entitled to act on my behalf, waive and release Monson Memorial Classic, its directors, officers, and staff, the town of Monson and its employees, and all 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. Headsets, dogs on leashes, bicycles, in-line skates and vehicles used to transport children are prohibited.

Required Signature: _____ Date: _____
(Signature of Parent if entrant is under 18)