

4TH ANNUAL HOLLISTON 5K ROAD RACE TO BENEFIT



Children's Hospital Boston

RUN/WALK

Date: Sunday, May 31, 2009

Registration: 8:00 - 8:45 am

Distance: 5K (3.1 miles)

5K Race Time: 9:00 am

Location: Holliston High School, 370 Hollis Street, Holliston, MA 01746

BACK BY POPULAR DEMAND 1-Mile Kids Race: 10:30 am (10 years old and under only)

Registration Fee for 5K: \$12 pre-race, postmarked on or before May 8, 2009; \$15 after May 8, 2009

Registration Fee for Kids Race: \$7 pre-race, postmarked on or before May 8, 2009; \$10 after May 8

Registration on Race Day Welcome! Free T-shirts to first 200 entrants! Professional timing by:

Info: Website: <http://mysite.verizon.net/Holliston5K>

Email to Barry and David Kriegsman at Holliston5K@verizon.net



Mail Entry To: Holliston 5K, c/o Barry and David Kriegsman, 103 Richard Road, Holliston, MA 01746

(Please photocopy and use a separate form for each entrant.)

EM1

Name: _____

Address: _____

Phone: _____

E-mail: _____

Age on race date: _____

Gender: M F

T-shirt size: Adult S M L XL

Youth L (All T-shirts distributed on race day only.)

5K Race Entrant 1-Mile Kids Race Entrant

Entry Fee: 5K - \$12 if postmarked by 5/8, \$15 thereafter

Kids Race - \$7 if postmarked by 5/8, \$10 thereafter

(Please make checks payable to:

Holliston 5K Race for CHB) \$ _____

Additional Donation (Optional): \$ _____

Total Enclosed: \$ _____

Waiver Must Be Read and Signed Before Mailing:

I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release Holliston 5K Road Race, Children's Hospital Boston, and all sponsors, organizers, 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. All fees are nonrefundable. I give my full permission to use my likeness in all media, photo, recording or other record of this event for any legitimate purpose.