

A Day for Play 5K and Fun Runs; September 25, 2011



To benefit Evergreen Garden Playschool, 270 Barnum Road, Devens, MA
For more information contact Pam Gordon at pgordon71@comcast.net or 978-772-9595

ENTRY FORM: One form per participant please. PLEASE PRINT CLEARLY.
Online registration and more information: www.evergreengardenplayschool.org

Last Name	First Name	Gender	age (race day)	
Phone		email (please print clearly)		
Address	Town/city	State	Zip	

Please check applicable boxes:

- 5K run/walk (11am) 5K run/walk-stroller (11am) 1 mile Fun Run/Walk (10:30am) Tots Trot (10 am)

Entry Fees (Late fee for race day registration)

Must register by September 12 to be guaranteed a t-shirt.

- 0-12 w/o t-shirt \$5 (\$10 race day) 18 and over \$20 (\$25 race day)
 0-12 w/ t-shirt \$12 (\$17 race day) \$15 just a t-shirt, no entry
 13-17 \$15 (\$20 race day) \$___ Total



Please mail entries/check payable to Evergreen Garden Playschool, 270 Barnum Rd., Devens, MA 01434

Preferred T-Shirt Size (circle one): YXS YS YM YL AXS AS AM AXL AXXL

I know that running a road race is a potentially hazardous activity. I should not enter and 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 event including, but not limited to falls, contact with other participants, the effects of the 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 entry, I, for myself and anyone entitled to act on my behalf, waive and release Evergreen Garden Playschool, Devens, MA, USATF, 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. I consent to the use of any photographs, motion pictures, recording or any other record of my participation in this event for any legitimate purpose. I also understand that all entry fees are nonrefundable.

signature (Parent/guardian, if entrant is under 18 years of age) _____ date _____



Acton Medical Associates
Oxbow Schoolhouse

