

BIB# \_\_\_\_\_

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## BORN TO RUN 5K – SEPTEMBER 22, 2018 CORNISH, NH Day of Registration Form

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First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Team Name (if applicable): \_\_\_\_\_

Email \_\_\_\_\_ EMERGENCY PHONE#: \_\_\_\_\_

**RELEASE FROM LIABILITY:** I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against TLC Family Resource Center, its affiliates, and subsidiaries, and their respective directors, and employees, and sponsors, coordinating groups and any individuals associated with Born to Run 5K on 10/07/2017, their representatives, successors and assigns, and will hold them harmless for any and all injuries suffered in connection with this event. I attest that I am physically fit to compete in this event. Athlete is fully aware of the risks and hazards inherent in participating in the Event and hereby elects to voluntarily participate, knowing the risks associated with the Event. Athlete hereby assumes all risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her while participating in the Event. Further, I hereby grant full permission to any and all of the foregoing to use my likeness in all media including, but not limited to photographs, broadcasts, newspapers, brochures, or any other record of this event for any legitimate purpose without compensation. Athlete acknowledges that the entry fee paid is non-refundable and non-transferable. ATHLETE HAS READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT. IF ATHLETE IS UNDER AGE 18 HIS/HER PARENT OR GUARDIAN MUST SIGN THIS RELEASE AND WAIVER AGREEMENT. Athlete's Parent or Guardian's signature below certifies that my son/daughter/ward has my permission to participate in the Event. Athlete's Parent/Guardian has read and understands the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT (above) and by signing intentionally and voluntarily agrees to its terms and conditions. Athlete's Parent/Guardian further certifies that my son/daughter/ward is in good physical condition and is able to safely participate in the Event. I hereby authorize medical treatment for him/her and grant access to my child's medical records as necessary and as stated above.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Method of Payment: \_\_\_\_\_ \$30 Individual \_\_\_\_\_ \$10 Student (under 18)

\_\_\_\_\_ \$10 children under 12 running with an adult, unlimited number of children

Checks payable to **TLC Family Resource Center**: CK# \_\_\_\_\_ CASH: \_\_\_\_\_

Credit Card: MC/Visa/Discover Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name: \_\_\_\_\_ Billing Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Signature \_\_\_\_\_