



Registration Form

Moms on the Run ~ 11th Annual Mother's Day 5K Run/Walk

Sunday, May 14th 2017 at 9:00 in Dover, NH

For more information visit www.momsontherun.org

PLEASE PRINT CLEARLY: One form per person

*all entry fees are nonrefundable

*please feel free to make copies

Last Name: _____ **First Name:** _____ **M / F**

Address: _____ **City/State/Zip:** _____

Email: _____ **Phone Number:** _____

D.O.B. ___/___/___ **Race day age**___ **Are you part of the Dover Race Series? YES NO**

Registration: \$20.00 for 13 years and older \$25.00 for race day registration \$ 5.00 for 12 years old and under	Make check payable to: Zebra Crossings Mail to: Zebra Crossings/Moms On The Run 61 Locust Street, Room 328 Dover, NH 03820
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The first 300 paid registrations (ages 13+) receive a free race T-shirt: **ADULT size:** S / M / L / XL

WAIVER & RELEASE: I know that running is a potentially hazardous activity, and that I should not enter and run/walk unless I am medically able and properly trained. I assume all risks associated with this event, including, but not limited to: falls, contact with other participants & spectators, effects of traffic and road conditions, weather, etc. I, for myself and anyone entitled to act on my behalf, waive and release the City of Dover, Zebra Crossings, Moms on the Run committee, Granite State Timing, all sponsors, all volunteers, and the State of NH from any and all claims and liabilities of any kind whatsoever arising from my voluntary participation in this event, regardless of such liability results from carelessness or negligence of the persons named in this waiver. Furthermore, I hereby grant full permission of any kind of the forgoing to use any photos, videotapes or any record of this event for any legitimate purpose. I also agree to not participate in the race with roller type shoes or dogs. Baby joggers/strollers are accepted with the understanding that they start the race behind the runners and that the stroller/baby jogger entrant must give right of way to a runner/walker. I realize that by voluntarily assuming the risks involved, I will be solely responsible for my death or any injury or damage that I sustain. I have read this Assumption of Risk thoroughly and understand the terms. My participation in the Moms on the Run 5K run and my execution of this Assumption of Risk are both purely voluntary and I elect to do so in spite of the risks.

Participant (or guardian) signature: _____ **Date:** _____

We look forward to seeing you on race day!