

Meghan's Light 1st Annual 5k Road Race & Family Fun Walk



Saturday, October 3, 2015 (Rain or Shine)

Check-In & Registration: 9-10:30am | Race/Walk Start: 11:00am *event concludes at 2pm
 Look Park | 300 N. Main Street, Florence, MA (Dow Pavilion)

www.meghanslight.com

The mission of Meghan's Light is to support finding a cure for cystic fibrosis and to inspire hope and courage in patients, families and communities impacted by the disease.

*** Entry Form & Waiver *** PLEASE PRINT ALL participant names MUST be provided

#	Run, Walk or Participant of Tribute	First Name	Last Name	Gender M or F	Date of Birth	T-Shirt Size S / M / L / XL / XXL YS / YM / YL	Signature (Parent/Guardian if under 18)
1							
2							
3							
4							
5							
6							

Your Registration Fee Includes: event t-shirt*, parking fee & grinder lunch

***Event T-Shirts are guaranteed to all paying participants who register by August 31, 2015.**

The Family Package is a "cap" for families (of up to 6 people) to pay only \$75 to participate in the event together.

If the participant is under the age of 18, he or she must be accompanied by a parent or legal guardian.

All children aged 12 & under can participate in the walk for free when accompanied by a paying adult.

Participants of Tribute are event attendants who choose not to participate in the run or walk.

ADDRESS _____

Phone:

(____) - _____

CITY _____ STATE _____ ZIP _____

EMAIL

EMERGENCY CONTACT NAME

Emergency Contact Phone
(____) - _____

# of Individual Runners	_____	x	\$30.00 =	\$ _____
# of Individual Walkers	_____	x	\$20.00 =	\$ _____
Family Package	_____	x	\$75.00 =	\$ _____
# of Participants of Tribute	_____	x	\$20.00 =	\$ _____
# of Grinders (for free kids)	_____	x	\$5.00 =	\$ _____
			<i>sub-total</i>	\$ _____
# of Free Individual Walkers (Kids 12 & under)	_____	subtract	\$20.00 ea.	\$ - _____
			Grand Total	\$ _____

LIABILITY WAIVER
 I KNOW THAT RUNNING A ROAD RACE IS A POTENTIALLY HAZARDOUS ACTIVITY. I SHOULD NOT ENTER AND RUN UNLESS I AM MEDICALLY 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, EFFECTS OF WEATHER, INCLUDING HEAT/HUMIDITY, TRAFFIC AND THE CONDITIONS OF THE ROAD AND ALL SUCH RISKS BEING KNOWN AND APPRECIATED BY ME. HAVING READ THIS WAIVER, I FOR MYSELF AND ANYONE ENTITLED TO ACT ON MY BEHALF, WAIVE AND RELEASE THE TOWN OF FLORENCE, LOOK PARK, B4 RACE & EVENT MANAGEMENT & MEGHAN'S LIGHT EVENT PLANNING COMMITTEE FROM ALL CLAIMS OR LIABILITIES, KNOWN OR UNKNOWN, OF ANY KIND. I GRANT PERMISSION TO USE ANY PHOTOGRAPHS, MOTION PICTURES, RECORDINGS, OR ANY OTHER RECORD OF THIS EVENT FOR ANY LEGITIMATE PURPOSE. I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER, OR THAT I AM THE PARENT/GUARDIAN OF THE ENTRANT AND AM GRANTING PERMISSION FOR HIM/HER TO PARTICIPATE.

Day of Registration increases to \$35.00 for Runners.

Please make checks payable to: Meghan's Light
Send completed form & check to: b4 race & event management @
PO Box 543, Feeding Hills, MA 01030

No Registration Transfers Allowed