# Meghan's Light 5th Annual 5k Road Race & Family Fun Walk

**Saturday, October 5, 2019** *(Rain or Shine)*

**Look Park | 300 N. Main Street, Florence, MA (Dow Pavilion)**

Check-In & Registration: 8:30-10:30am | Kids' Fun Runs: 10:30am | Race/Walk Start: 11:00am

*** Race Day Registration will end promptly at 10:30am*

*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.*

**www.meghanslight.com**

*** Entry Form & Waiver *** PLEASE PRINT **ALL participant names MUST be provided** **No Registration Transfers Allowed**

| Kids' Fun Run Age 2-4 Age 5-7 Age 8-10 | Run, Walk, Participant of Tribute, or Kids' Run | 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)* |
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**Your Registration Fee Includes: event t-shirt*, parking fee & grinder lunch**

***Event T-Shirts are guaranteed to all paying participants who register by 9/20/19.***

***The Family Package is a "cap" for families (up to 6 people) to pay only $75 to participate together.***

***All participants under the age of 18 must be accompanied by a parent or legal guardian.***

***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.***

**Kids' Fun Runs:**

***There will be 3 FREE fun runs for kids based on their age. All races are 30 yard dashes & are contingent upon favorable weather & ground conditions.***

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Phone: (_____) -

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 = | $ |
| | | | ***subtotal*** | $ |
| # of Free Individual Walkers *(Kids 12 & under)* | _____ | subtract | $20.00 ea. | $ - |
| | | | **Grand Total** | $ |

***Day of Registration increases to $35.00 for Runners***

**Please make checks payable to: Meghan's Light, Inc.**

**Send completed form & check to: Meghan's Light @ P.O. Box 457, Feeding Hills, MA 01030**

**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 IN THE RUN, WALK, AND/OR KIDS' FUN RUN.