



Sunday, October 7, 2018 ~ 9:00am

FIRST NAME	LAST NAME		
ADDRESS	TOWN		
EMAIL	STATE	ZIP	
DATE OF BIRTH	GENDER	FEMALE	MALE

Age Category.....circle one

1-10	11-14 Free	15-19	20-29	30-39	40-49	50-59	60-99
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Cost: Suggested donation of \$10.00 (proceeds to benefit the Food Pantry & Newport Rec)

Liability Waiver ... Read before signing I know that running is a potentially hazardous activity. I should not enter and run the race unless I am medically able & properly trained. I agree to abide by any decision of the race official to my ability to safely complete the run. I assume all risk associated with running, including, but not limited to falls, contact with other participants, the effects of the road & traffic on course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I for myself and anyone entitled to act on my behalf, waive and release the Newport Recreation Town of Newport, NH, coordinating groups, individuals associated with the Newport Recreation or Town of Newport, NH, and all sponsor and their representatives, employees, and successors from all claims or liabilities of any kind suffered in connection with this event.

I also hereby grant full permission to any and all of the foregoing to use my likeness in all media including pictures, photographs, and any other record of this event for any legitimate purpose.

Printed Name _____ Date _____

Signature _____

Parent/Guardian (if under 18) _____