RACE APPLICATION - 2011 Philip J Weihn Turkey Chase 5K Road Race

Mail To Address: **PJW Youth Foundation, c/o Jim Prendergast, 39 Collins Rd, Northborough MA 01532**

Check Payable to: **PJW Youth Foundation, Inc**

Registration Fee : $ 20.00 (18 years and older)

$ 15.00 (under 18 years old)

There will be NO DAY OF RACE REGISTRATION -- ALL RUNNERS and WALKER **MUST BE PRE-REGISTERED**

PLEASE PRINT LEGIBLY - THANK YOU!!!!

Please Check one: Runner ☐ **Walker** ☐

First Name

Last Name

ADDRESS

TOWN/CITY

STATE **ZIP CODE** T-SHIRT SIZE(circle one): **S M L XL**

DATE OF BIRTH - - **GENDER:** (check one) **Male** ☐ **Female** ☐

(example: June 26, 1990 0 6 2 6 9 0)

HAVE YOU RUN THIS RACE WITHIN THE PAST 3 YEARS Circle One: **YES** **NO**

Email Address:

(We DO NOT distribute or sell your email address, we use it to help reduce our costs by not having to use snail mail -THANK YOU)

WAIVER: (Please read then sign)

I know that running is a potentially hazardous activity. I know that I should not participate and run unless medically able and properly prepared. In executing this waiver, I assume all risks associated with running in this event including bu to: falls, contact with other participants, the effects of the weather, including high heat/or humidity, snow and ice and the conditions of the running surfaces, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my registration, I, for myself, and anyone, entitled to act on my behalf, waive and release the Philip J Weihn Thanksgiving Day 5K Turkey Chase directors, volunteers, The PJW Youth Foundation, St John's Gym and Parish, the Town of Clinton and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participating in this program even though that liability may arise out of negligence or carelessness on the part of the person/entities named in this waiver. I further authorize and empower the event director to consent to and authorize any medical care or treatment for me which may appear reasonably necessary as a result of emergency, accident or onset of illness whether occurring before, during or after participating in the event's activities. I grant permission to all the foregoing to use any photographs, motion pictures, recordings or any other records of event for any legitimate purpose.

Signature: *(parent or guardian's signature if you are under 18 years of age)*

Date: _____/_____/_____