



THE RUNAWAY PUMPKIN REGISTRATION FORM

Saturday, October 13, 2018

I wish to participate in the running race/walk on October 13, 2018. For myself, my heirs, executors and administrators, I release event organizers, The Laconia Clinic, WOW Trail, Greater Lakes Region Children's Auction, City of Laconia and all other assisting organizations and individuals from all liability in case of death or injury sustained before, during or after the race. I waive my claims for damages against the above named parties. I further state that I am in suitable physical condition to participate in this event.

Name: _____

Individual Team Captain Team Member

Team Name: _____

Signature of Participant: _____

Signature of Parent/Guardian (if participant under 18 years old):

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Male Female

Email: _____

- 10K Run - \$30 (\$35 Race Day)
 5K Run/Walk - \$25 (\$30 Race Day)

Registration fees are non-refundable and non-transferable

Date of Birth (Required): ____/____/____

Age on 10/13/2018: _____

Event shirts available for registrations received by October 3rd

Please Circle Shirt Size - men & ladies shirt sizes (ladies shirt sizes are fitted & run small - we recommend ordering up one size) Size exchanges will not be available

SM MED LG XLG XXLG

Payment: Cash Check (payable to WOW Trail)

Mail to: WOW Trail, PO Box 6832, Laconia, NH 03247