

IN MEMORY OF MICHAEL HROSS

PAPA'S 5K RUN/WALK

SATURDAY, APRIL 25th, 2009 @ 10:00 A.M.

MESSALONSKEE HIGH SCHOOL

62 OAK STREET; OAKLAND

CONTACT NUMBER (207) 465-9942



T-SHIRTS TO FIRST 50 REGISTRANTS, DOOR PRIZES IMMEDIATELY FOLLOWING. REFRESHMENTS WILL BE OFFERED.

NON-REFUNDABLE ENTRY FEE OF \$15 BEFORE APRIL 1ST, \$20 AFTER APRIL 1ST. SPECIAL FAMILY RATE \$25 FOR FOUR OR MORE IF RECEIVED BY APRIL 1ST.

RACE DAY REGISTRATION AT 9:00-9:45 AM.

To benefit: NATIONAL KIDNEY FOUNDATION OF MAINE

AWARDS TO TOP 3 MALE AND FEMALE IN THE FOLLOWING

RUNNER AGE GROUPS: 14 AND UNDER, 15-19, 20-29, 30-39, 40-49, 50-

59, 60-69, 70 AND UP TOP 3 MALE AND FEMALE IN THE FOLLOWING

WALKER AGE GROUPS: 0-30, 31 AND UP

PLEASE PRINT CLEARLY - ONE ADULT ENTRY PER FORM

Name: _____ **Phone:** _____
Address: _____ **Male:** _____ **Female:** _____
City: _____ **State:** _____ **Zip:** _____ **Age on Race Day:** _____
Circle Shirt Size: S M L XL check one: 5 k runner _____ **walker** _____

ADDITIONAL DONTATION IN THE FIGHT AGAINST KIDNEY CANCER IN MAINE: \$ _____

Please mail entry with check payable to: NATIONAL KIDNEY FOUNDATION OF MAINE C/O Patricia Hross ,204 East Pond Rd., Oakland, ME 04963

I know that running a road race is a potentially hazardous activity, I should not enter and run unless I am medically able 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 this event, including, but not limited to: falls, contact with other participants, the effect of weather (including rain, wind and snow, high heat/or humidity), traffic and the condition of the road. In consideration of your accepting my entry, I, for myself and any one entitled to act on my behalf, waive and release the Unites States Army, The City of Waterville, (list of sponsors) and all other sponsors, their representatives, and successors for all claims of liabilities arising out of my participation in this event. FOR SAFETY'S SAKE, NO RADIO HEADSETS, NO PETS, NO BABY STROLLERS. WALKERS ONLY ARE ALLOWED BABY STROLLERS.

Signature: _____ **Date:** _____
(Parents signature if under 18)