

# Registration Form

Name: \_\_\_\_\_

Please check one:

Male \_\_\_\_\_ Female \_\_\_\_\_

Age on race day: \_\_\_\_\_

10.00 per person CHECKS payable to "Town of Hudson"

Liability Waiver: I know that participating in a road race is a potentially hazardous activity which could cause injury or death. By my signature, I certify that I am medically able to perform this event. In addition, I assume all risks associated with running in this event, Including but not limited to the following: Falls, contact with other participants, the effects of weather and road conditions. Having read this waiver, I hereby release the town of Hudson and the Hudson Scholarship Fund and all entities associated with or assisting in the hosting of this event and there representatives and successors from all claims or liabilities of any kind arising from my participating in this event.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature if under 18 years \_\_\_\_\_ Date \_\_\_\_\_

Emergency Name and Phone number \_\_\_\_\_