



## Stockton Springs Ambulance Service

11 Station Street, Stockton Springs, Maine 04981

Office 207.567.4322 Emergency-911

*Proudly serving the communities of Stockton Springs and Prospect since 1964*

**When:** Saturday, September 19<sup>th</sup>  
Race Day Registration begins at 7:30 A.M.  
**5K and 10K start at 9:00 AM**

**Where:** Stockton Springs Town Dock, Cape Jellison Road – Stockton Springs, Maine

**Why:** Proceeds benefit the Stockton Springs Ambulance Equipment Fund

**Entry Fee:** \$20.00 per person if registered by September 7th  
\$25.00 per person if registering the day of the race.  
*Commemorative T-Shirt for the first 50 registrants*

**Awards:** 5K Runners 1<sup>st</sup> Male/Female Finishers  
12&Under/13-19/20-29/30-39/40-49/50-59/60+  
10K Runners 1<sup>st</sup> Male/Females Finishers  
12&Under/13-19/20-29/30-39/40-49/50-59/60+

**For more information:** Phone Jen Skala, 207-949-4323, E-mail [jpskala@gmail.com](mailto:jpskala@gmail.com)

**Registration forms also available at Stockton Springs Town Office or [www.sub5.com](http://www.sub5.com)**

**Mail entry forms to:** Stockton Springs Ambulance Run For Your Life 5K and 10K  
PO Box 339 Stockton Springs, ME 04981  
***Make Checks Payable to: Stockton Springs Ambulance, Memo Line: Run For Your Life***

**One entrant per form** I am unable to Run/Walk, but would like to donate \$ \_\_\_\_\_

Name: (please print) \_\_\_\_\_ Gender: \_\_\_\_\_ Age on race day: \_\_\_\_\_

Team Name (if member of a team) \_\_\_\_\_ Circle TShirt Size: Adult S M L XL

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Check one please: 5K: \_\_\_\_\_ 10K: \_\_\_\_\_

Runners Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: (if under 18) \_\_\_\_\_

**Entry Release:** By signing above, you understand and agree to the following: I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by the 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 or injuries caused by weather conditions, traffic, and road conditions, in the consideration of my entry acceptance. I, for myself and anyone entitled to act on my behalf waive and release all race sponsors, Town of Stockton Springs and all representatives and successors from all claims or liabilities arising out of my participation in this event. **Photo Release:** By signing above, I hereby grant the Stockton Springs Ambulance Run For Your Life 5K and 10K the right to take photographs of me/my child in connection with the Stockton Springs Ambulance Run For Your Life 5K and 10K. I agree that the Stockton Springs Ambulance Run For Your Life 5K and 10K, all sponsoring or co-sponsoring companies, and the staff volunteers, and personnel associated with the event may use, reproduce, and/or publish photographs that may pertain to me/child - including my/my child's image and likeness without compensation. I understand that that this material may be used in various publications for any lawful purpose, which can include publicity, illustration, advertising, and Web content.

# Run For Your Life - 2015



**Stockton Springs Ambulance Service**

*“To Serve and Save”*