

HUDSON SCHOLARSHIP FUND 5K REGISTRATION FORM

Name (please print) _____

Please Circle: WALK RUN

Male ___ Female ___ Age on race day: _____

\$10.00 per person (Age 5 and under free)

LIABILITY WAIVER: I know that participating in a road race/walk 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/walking 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 any and all claims or liabilities of any kind arising from my participating in this event.

Signature _____ Date _____

Parents signature _____ Date _____
(If under 18 years of age)

Emergency Contact Name: _____
 Phone Number: _____

BIB # (only for runners) _____