



5K Road Race & Story Walk

Runner Number _____
(Race Day Registration)

Registration Form

Name _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____
Email _____
Emergency Contact: _____ Contact Phone: _____

Event(s):

- ☐ 5K Run
- ☐ Story Walk
- ☐ Dog Walk

AWARDS: The top 3 finishers in each gender/age category will win medals:
0-10; 11-17; 18-49; 50-69; 70+; 80+

☐ \$5 Dog Story Walk

Gender:

- ☐ Female
- ☐ Male
- ☐ Non-Binary

Age [on race day]: _____

T-Shirt Size (Check One):

- ☐ Adult Small
- ☐ Adult Medium
- ☐ Adult Large
- ☐ Adult XL
- ☐ Adult XXL

Early Entry Fee(Check One):

- ☐ \$22 Individual 5K Run
- ☐ \$75 Team 5K Run
- ☐ \$22 Individual Story Walk
- ☐ \$75 Team Story Walk

Race Day Registration (Check One):

- ☐ \$25 Individual 5K Run
- ☐ \$100 Team 5K Run
- ☐ \$25 Individual Story Walk
- ☐ \$100 Team Story Walk
- ☐ \$8 Dog Story Walk

Please read and sign the following waiver:

- I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained.
- I also know that, although police protection might be provided, there could be traffic on the course route; therefore I assume the risk of running in traffic.
- I also assume any other risks associated with running this event including, but not limited to: falls, contact with other participants, and the effects of weather and conditions of the road.
- I understand I am solely responsible for my own safety while traveling to and from or participating in this event.

Knowing these facts and in consideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators, and/or all interested parties waive, release, and discharge the hosting agency, the sponsors or contributors to this event, any race officials, volunteers, the city and police agencies, their representatives successors or assignees from any and all claims of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of my participation.

This release form and waiver extends to all claims of every kind or nature whatsoever, foreseen and unforeseen, known and unknown.

The undersigned further grants full permission to use any photographs, video footage, digital recordings, or recorded information of the event for any purpose.

[Forms for participants under the age of 18 must be signed by a parent or guardian.]

Signature: _____

Printed Name: _____

Date: _____

Mail completed/signed forms to:

Dorcas Library & Learning Center
PO BOX 167
Prospect Harbor, ME 04669

Contact: dorcaslibrary1@gmail.com
(207) 963 4027