

H.C. "Mike Lamoreau" Scholarship Fund 5K Run / Walk REGISTRATION FORM

Name (please print)_____

Please Circle: WALK RUN

Male_____ Female_____ Age on race day_____

\$15.00 per person. Maximum \$30.00 per family, Age 10 and under \$5.00.

Make checks payable to "H.C. Mike Lamoreau Scholarship Fund"

Pre registration send to : Bret Hanson 32 Alton Tannery rd. Hudson, ME. 04449
(pre registration ends June 15 2020)

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 H.C. Mike Lamoreau Scholarship fund and all entities associated with or assisting in the hosting of this event and their representatives and successors from any and all claims or liabilities of any kind arising from my participating in this event.

Signature_____Date_____

Parent

Signature_____Date_____

(if under 18 years of age)

Emergency Contact: Name_____Phone #_____

BIB # (only for runners)_____