



THE RUNAWAY PUMPKIN REGISTRATION FORM

Saturday, October 22, 2016

I wish to participate in the running race/walk on October 22, 2016. For myself, my heirs, executors and administrators, I release event organizers, The Laconia Clinic, WOW Trail, Greater Lakes Region Children's Auction, City of Laconia and all other assisting organizations and individuals from all liability in case of death or injury sustained before, during or after the race. I waive my claims for damages against the above named parties. I further state that I am in suitable physical condition to participate in this event.

Name: _____

☐ Individual ☐ Team Captain ☐ Team Member

Team Name: _____

Signature of Participant: _____

Signature of Parent/Guardian (if participant under 18 years old):

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ ☐ Male ☐ Female

Email: _____

☐ 10K Run - \$30 (\$35 Race Day)

☐ 5K Run/Walk - \$25 (\$30 Race Day)

Date of Birth (Required): ____/____/____

Age on 10/22/2016: _____

Event shirts available for registrations received by October 6th

Please Circle Shirt Size (men & ladies shirt sizes)

SM MED LG XLG XXL

Payment: ☐ Cash ☐ Check (payable to Laconia Clinic)

Mail to: WOW Trail, PO Box 6832, Laconia, NH 03247