



Third Annual Hallows Eve 5K Fun Run & Walk Registration & Donation Form

When: Sunday, October 26th, 2014
Time: 9:30 AM – 5K Walk, 10 AM 5K Run
9:15 AM – FREE Kid's Fun Run (11 yrs. and under)
Where: Lowell Lodge of Elks, 40 Old Ferry Road Lowell, MA 01854

Registration and Packet Pick-up Information: Bib pick-up & race registration will begin at 8:00 AM.
Student runners will need to show a valid High School ID.

Please visit our website for more details: www.hallowsevefunrun.com.

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Birthdate: _____

Age on Race Day: _____ Email: _____ Gender: _____

Check One: ☐ 5K Run ☐ 5K Walk ☐ FREE Kids Fun Run (11 & under)
of Kids _____

Check One: ☐ Non-Student \$25 ☐ High School Students \$15 (18 & under) ☐ Donation \$ _____

T-Shirt Size: ☐ SM ☐ M ☐ LG ☐ XL ☐ XXL

T-Shirts are limited – register early! Selection does not guarantee a shirt or specific size on race day.

Waiver

By indicating your acceptance, you understand, agree, warrant and covenant as follows:

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely compete in the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effect of the weather (including high heat and/or humidity), traffic, the conditions of the road, all such risks being known and appreciated by me. Having read the waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the A.M.S.I. Foundation, the race committee and organizers, volunteers, the City of Lowell, the state of Massachusetts, sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I give my full permission to use my likeness in all media, photo, recording or other record of this event for any legitimate purpose. I understand that bicycles, skateboards, roller skates or blades, and radio headsets are strongly discouraged in the race and I will abide by this guideline. In the unlikely event the race is canceled, all fees will be considered donations to the A.M.S.I. Foundation. I have read the entry information provided and certify my compliance by my signature below. Entry fees are non-refundable.

Waiver Must Be Read and Signed Before Mailing:

Participant Signature (Parent's Signature if under 18)

Date

Mail this completed form and payment to: The A.M.S.I. Foundation, P.O. Box 1184, Lowell, MA 01853
Checks made payable to: A.M.S.I. Foundation