



**June 20, 2010 @ Margaritas in Dover
8:30am, Walk or Run!**

Presented by



Father's Day 5K ROAD RACE ENTRY FORM (ONE form per person PLEASE)

Last Name _____ First Name _____ Gender _____
Age on Race Day ____ Date of Birth __/__/____
Address _____
City _____ State _____ Zip _____
Telephone _____ Email _____
5K T-shirt size (circle one) Adult: S M L XL ***13 & over first 200 paid registrants will receive a t-shirt***

all entry fees are non-refundable
5k run/walk – \$20.00 (\$25 day of the race)
12 years old and under – \$5.00

WAIVER & RELEASE:
I know that running is a potentially hazardous activity, and that I should not enter and run/walk unless I am medically able and properly trained. I assume all risks associated with this event, including, but not limited to: falls, contact with other participants & spectators, effects of traffic and road conditions, weather, etc. I, for myself and anyone entitled to act on my behalf, waive and release the City of Dover, Dover, Avis Goodwin Community Health Center, Margaritas, Granite State Timing, all sponsors, all volunteers, and the State of NH from any and all claims and liabilities of any kind whatsoever arising from my voluntary participation in this event, regardless of such liability results from carelessness or negligence of the persons named in this waiver. Furthermore, I hereby grant full permission of any kind of the forgoing to use any photos, videotapes or any record of this event for any legitimate purpose. I also agree to not participate in the race with roller type shoes or dogs. Baby joggers/strollers are accepted with the understanding that they start the race behind the runners and that the stroller/baby jogger entrant must give right of way to a runner/walker. I realize that by voluntarily assuming the risks involved, I will be solely responsible for my death or any injury or damage that I sustain. I have read this Assumption of Risk thoroughly and understand the terms. My participation in the Father's Day 5K run and my execution of this Assumption of Risk are both purely voluntary and I elect to do so in spite of the risks.
Signature of Participant or (under 18 yrs of age) Parent or Guardian _____

Mail Entry Form and Make Check Payable to: Avis Goodwin Community Health Center, 652F Central Ave, Dover, NH 03820. For more information please call Renee at 516-2566 or rallen@agchc.org