

Bib#

Cash _____
Check _____
Other _____

Lowell Firefighters 5k Race – June 4, 2017
PRINT & FILL OUT COMPLETELY -- NEATNESS COUNTS!

Mail in entry: \$30.00 Race day entry: \$30.00 Payable to: Lowell Firefighters
Mail to: Lowell Firefighters 5k c/o Nate Kilbride, 23 Fauvel Drive, Lowell MA 01850

FIRST NAME

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LAST NAME

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AGE

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SEX

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DATE OF BIRTH (MM DD YY)

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STREET ADDRESS OR P.O. BOX

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CITY

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STATE

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ZIP CODE

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SHIRT SIZE: S M L XL

ARE YOU A FIREFIGHTER? YES _____ NO _____ IF YES, WHAT TOWN? _____

EMAIL ADDRESS

(For emailed results if available)

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Waiver Must Be Read and Signed

I know that running is a potentially hazardous activity. I should not enter or run this event 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 complete the run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/ or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release Lowell Firefighters Road Race, Lowell Firefighters and the city of Lowell, MA, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. All fees are nonrefundable. I also allow my name to be posted in the results in various media such as newspaper, periodicals and the web.

Participant Signature (parent or guardian must sign if under 18 years old)