Bib#

Cash _____

Check_____

Other_____

Family _____

Questions? Email 5k@miracleleagueofma.com

Entry Fee

___ Individual: $25 / $30 on race day

___ Family (up to 4): $60 / $75 on race day

___ Athlete Pushing Another: $20

___ Athlete Being Pushed: $0

___ Athlete with Other Physically Challenge: $20

Payable to:
Miracle League of Massachusetts
P.O. Box 524
Acton, MA 01720

8th Annual Miracle League of MA 5k

PRINT & FILL OUT COMPLETELY -- NEATNESS COUNTS!

FIRST NAME

LAST NAME

AGE

SEX

DATE OF BIRTH (MM DD YY)

STREET ADDRESS OR P.O. BOX

CITY

STATE

ZIP CODE

EMAIL ADDRESS
(For emailed results if available)

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, now or in the future, waive and release the race, the organizers,the towns, and groups involved, and any and all sponsors, their representatives and successors, all vendors, and all volunteers and any and all persons involved with this event 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 and non transferable. I also allow my name to be posted in the results in various media such as newspaper, periodicals and the web.

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