

PLEASE PRINT:

Name: _____ M: ___ F: ___

Address: _____

Phone: _____ e-mail: _____

Age on race day: _____ Birth Date: _____

I wish to participate in the Gilmanton Road Race on **March 27, 2010**. For myself, my heirs, administrators, I release all 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 sponsors. I know running and road racing are potentially hazardous activities, and accept all risks associated with participating.

Participant's signature: _____ Date: _____

Parent/Guardian **required** if under 18

Make check to **Gilmanton Road Race**
and mail with your registration form(s) to:

Gilmanton 5K Road Race
c/o Scott Clark, P.O. Box 392
Gilmanton, NH 03237

Entry Fee: \$20

Sign up Online at www.SignMeUp.com/64469

PAID: _____

BIB#: _____

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See more information including
past results at
coolrunning.org

Sant Bani School, 19 Ashram Rd.,
Sanbornton, NH 03269 603.934.4240

photos credit: Barry Draper



Part of the C.A.R.S. Race Series

www.capitalarearaceseries.com



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