

Waiver/Entry Form

Topsfield Fall Foliage Classic Road Race Sunday 10-17-2010

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Home Telephone: (_____) _____ - _____

e-mail: _____

Age: _____ Sex: _____

Long sleeve t-shirt guaranteed for first 200 registered by 9/24

Enter Size _____

How did you hear about this race?

Race Calendar Direct Mailing Internet Word of Mouth Other

Registration Opens at 11:30 AM

Event:

(Starts At):

Make Checks Payable to:

ÿ **5 Mile Race** (1:30 PM)

\$20 pre /\$25 post

Fall Foliage Classic Road Race

ÿ **3 Mile Walk** (1:30 PM)

\$15 pre / \$20 post

Send entry form and fee to:

ÿ **1.25 Mile Fun Run** (1 PM)

\$15 pre / \$20 post

TBM Rotary Club

P.O. Box 89

Topsfield, MA 01983

<http://www.rotarytbn.org/fallfol.htm>

In consideration of this entry being accepted, I hereby for myself, heirs, executors, and administrators, waive and release any and all rights to claim for damages I may have against any and all sponsors, hosts, agents, representatives, successors and assigns for any injuries suffered to me at said event or while traveling to or returning therefrom.

signature of runner

signature of parent or guardian of runner if under 18 years of age

date: _____

**For further information,
email flyjamj@comcast.net**