

Waiver/Entry Form

Topsfield Fall Foliage Classic Road Race: Sunday, 10-16-2016

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Long sleeve t-shirt guaranteed for first 200 registered by 9/30/2016

Enter preferred size \_\_\_\_\_

How did you hear about this race?

Race Calendar  Direct Mail  Internet  Friend  Other

Registration Opens at 11:30 AM

Event (starts at):

- 5 Mile Race (1:30)  5K Race (1:30)  
\$25 pre/\$30 post
- 3 Mile Walk (1:30)  
\$20 pre/\$25 post
- 1.25 Mile Fun Run (1:00)  
\$15 pre/\$20 post

Make Checks Payable to:  
Fall Foliage Classic Road Race

Send entry form and fee to:  
TBM Rotary Club,  
P.O. Box 89, Topsfield, MA 01983

For further information, email:  
flyjamj@comcast.net

[www.rotarytbn.org](http://www.rotarytbn.org)

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 there from.

\_\_\_\_\_  
*Signature of Runner*

\_\_\_\_\_  
*Signature of Parent or Guardian if runner is under 18 years of age.*

Date: \_\_\_\_\_

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