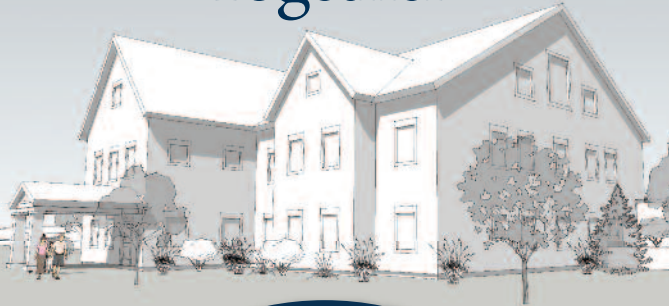


WE CAN REACH OUR GOAL

Together



LEADING US TO A HEALTHIER COMMUNITY

USAT&F Sanctioned 8K RUN • 5K WALK



www.CottageHospital.org



EVENT REGISTRATION

5K Walk 8K Run 5K Speed-Walk

Age on Race Day _____

Sex M F

Team? Yes No

Team Name _____

Business Team? Yes No

Number of Employees _____

Family Team? Yes No

Number of Members _____

Team Captain & Phone _____

Your Name _____

Address _____

City/Town _____

State _____

Zip _____

Phone _____

Email _____

Emergency contact name _____

Emergency contact phone _____

WAIVER: In consideration of this entry being accepted, I hereby, for myself, heirs, executors, and administrators, waive and release any and all claims for personal damage I may have against Cottage Hospital, the sponsors of this event, the community of Woodsville, and any other volunteers and organizations related to this event. In addition, I grant full permission to any and all of the foregoing to use any photographs, videotape, motion pictures, recordings or any other record of this event.

(office use only) Funds raised: