

Mail-in Registration Form
5K4Life - November 6, 2011

Make Checks Payable To:
Mail Entry To:

Prize4Life
5K4Life
PO Box 425783
Cambridge, MA 02142

Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Email: _____

Daytime Phone: _____

Date of Birth: _____

Age on race date: _____

Gender: M F

Team: No Yes **Team Name:** _____

Check if Remote Runner

Waiver Must Be Read and Signed Before Mailing: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I assume all risks associated with running including but not limited to falls, contact with other participants, the effects of the road and traffic; all such risks being known by me. Having read this waiver and knowing these facts, I, for myself and my heirs and assigns, and anyone else entitled to act on my behalf, do waive and release Prize4Life and the the City of Cambridge and all sponsors, their directors and officers, from all claims of liabilities of any kind or nature whatsoever arising out of my voluntary participation in this race, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature

Date

Parent's Signature if under 18