

16th Annual Skip Matthews Memorial Run



Sunday, June 16, 2019

1 Mile Brady Bukowski Fun Run/Walk - 9:00 am (Free)

() My 1st Road Race

Name: _____

Street: _____

Town, state, zip code: _____

Age on 6/16/2019 _____ Gender: Male Female

E-mail address: _____

Donation to the Brain Tumor Research Fund (optional): \$ _____

Checks payable to: Skip Matthews Memorial Run (P.O. Box 918, Lebanon, NH 03766)

Release and Waiver: I know that running is a potentially hazardous activity. I should not enter and run the race unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risk associated with running including, but not limited to, falls, contact with other participants, the effects of the road and traffic on course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I for myself and anyone entitled to act on my behalf, waive and release the Skip Matthews Memorial Run, Dartmouth Hitchcock Medical Center, City of Lebanon, coordinating groups, individuals associated with the Skip Matthews Memorial Run, all sponsors and their representatives, employees, and successors from all claims or liabilities of any kind suffered in connection with this event. I also hereby grant full permission to any and all of the foregoing to use my likeness in all media including photographs, or any other record of this event for any legitimate purpose.

Signature (Parent, sign for runner/walker if under age 18) _____