

PRINT AND FILL OUT NEATLY AND COMPLETELY PLEASE

Baldi 5 Mile Race, May 28, 2017

MAIL IN AND RACE DAY ENTRY FEES:

Walk \$30.00 Run \$30.00 Please circle choice

Checks Payable to: Garibaldi "River Run"

Mail to: Garibaldi Club c/o Fred Emilio, 86 Washington St.
Haverhill, MA 01830

BIB # _____

OFFICE USE ONLY

Cash _____

Check _____

Other _____

Shirt size (for the first 200 runners and first 100 walkers): S, M, L, XL Please circle choice

Special Categories: Filly 140+ Clydesdales 190-210, 211-225, 226-250, 251+ MUST WEIGH IN

Garibaldi Club Member - Touchdown Member - HHS Football Player

First Name

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Last Name

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Age on Race Day

Gender

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Street Address

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City

State

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Zip Code

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Email address (for emailed results if available) - Optional

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WAIVER MUST BE READ BY ALL PARTICIPANTS, OR BY LEGAL GUARDIAN IF UNDER 18 YEARS OF AGE.

I understand that

participating in athletic events requires training, and I certify that I am physically fit and ready to participate in this event. I assume all risks related to this event, and release all groups related to this event from any liability related to this event in any and all forms. I, for myself, my heirs, and anyone who is able to act on my behalf now or in the future, release the race organizers, the Garibaldi Club, the town of Haverhill Mass, and businesses and sponsors, and any and all individuals, volunteer, vendors or groups involved with this event from any and all claims of liability and responsibility relating to my participation in this event. I understand that all fees are non-transferrable and non-refundable. I further allow my name and photo or likeness to appear in results and in advertising and social media for this event.

Participant signature (or legal guardian if under 18).

Date

Emergency Contact Name and Number: _____