

## Winter SOLEstice 5K Mail-in Registration December 14, 2019 • 10:00am Wilmington Town Common 142 Middlesex Ave, Wilmington, MA

Please check one box below:

 $\square$  \$25 on or before October 14th, 2019

□ \$30 from October 15th until December 10th, 2019

	(Do not mail out after December 7th)	
FIRST NAME:		
LAST NAME:		
STREET ADDRESS:		
CITY:	STATE:	. ZIP:
EMAIL ADDRESS:		
PHONE NUMBER:	AGE ON RACE DAY:	GENDER: MALE FEMALE
SHIRT SIZE (UNISEX SIZING, CIRCLE ONE): ADULT S	ADULT M ADULT L ADULT XL	
GENERAL WAIVER:  Thereby for myself, my heirs, executors and administrators, waive and release subsidiaries, and their respective directors, and employees, and sponsors, coor successors and assigns, and will hold them harmless for any and all injuries s aware of the risks and hazards inherent in participating in the Event and herel risks of loss(es), damage(s), or injury(ies) that may be sustained by him/her wilkeness in all media including, but not limited to photographs, broadcasts, ne acknowledges that the entry fee paid is non-refundable and non-transferable. It believes the conditions on the race day are unsafe. In the event the Event is work stoppage, insurrection, war, public disaster, flood, unavoidable casualty, cause beyond the control of Winter SOLEstice 5K there shall be no refund of the NTENTIONALLY AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILI WAIVER AGREEMENT. Athlete's Parent or Guardian's signature above certifies that my son/daughter/ward is in good physical condition and is child's medical records as necessary and as stated above.	ordinating groups and any individuals associated with Winter SOLEstic suffered in connection with this event. I attest that I am physically fit by elects to voluntarily participate, knowing the risks associated with while participating in the Event. Further, I hereby grant full permission ewspapers, brochures, or any other record of this event for any legitim. Athlete acknowledges and agrees that Winter SOLEstice 5K, in its sol delayed or cancelled for any reason, including but not limited to: fire, acts of God or the elements (including without limitation, rain, hail, I e entry fee or any other costs of Athlete in connection with the Event. ITY AGREEMENT. IF ATHLETE IS UNDER AGE 18 HIS/HER PARENT OR GI hat my son/daughter/ward has my permission to participate in the Evency and by signing intentionally and voluntarily agrees to its terms	ce 5K on 12/14/2019, their representatives, to compete in this event. Athlete is fully the Event. Athlete hereby assumes all to any and all of the foregoing to use my late purpose without compensation. Athlete le discretion, may delay or cancel the Event if, threatened or actual strike, labor difficulty, hurricane, tornado, earthquake), or any other ATHLETE HAS READ THE FOREGOING AND UARDIAN MUST SIGN THIS RELEASE AND vent. Athlete's Parent/Guardian has read and and conditions. Athlete's Parent/Guardian
SIGNATURE/SIGNATURE OF PARENT IF UNDER 18:		
DATE: HOV	N MUCH MONEY HAVE YOU ENCLOSED:	

ALL SPACES MUST BE FILLED OUT, OR APPLICATION WILL NOT BE ACCEPTED.

Please address all checks and money orders to: Sole Sisters Running Club Mail to: Sole Sisters Running Club, P.O. Box 485, Wilmington, MA 01887