

Team Rachel Race 4 A Cure

A 4 MILE RUN OR 2 MILE WALK ON MAY 16, 2020. 8AM REGISTRATION, 9AM RACE START.

Location: Hull High School, 180 Main Street, Hull, MA 02045

Name: _____ DOB: ____/____/____

Address: _____

Phone: () _____ - _____ Email: _____

Are you over 18 years old on Race Day: Yes No **T-Shirt Size:** S M L XL XXL

I am entering the: _____ 4 mile Team Rachel Run (\$25) _____ 2 Mile Team Rachel Walk (\$20)

_____ Please contact me about Sponsorship Opportunities _____ Please contact me about Volunteering

Payment: Please make checks payable to Team Rachel Race and mail to 44 D Street Hull, MA 02045

Contact Info: Event Coordinator is Kat Wasabi. **Tel/Text:** (617) 620-1140 **Email:** info@teamrachelrace.com

Please visit www.teamrachelrace.com for other race information and post-race pictures.

Race Day: Registration check starts at 8am for your bib, t-shirt and goodies. Refreshments & raffle after race.

ALL PROCEEDS OF THIS RACE WILL BE DONATED TO BEYOND BATTEN DISEASE FOUNDATION

In signing this form I agree that running is a potentially hazardous activity. I should not enter or run this event 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 risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release the Town of Hull, Team Rachel, Beyond Batten Disease Foundation, The Good Geeks, all race sponsors, their representatives and successors from all claims of liabilities of any kind, including any claims arising out of negligence of the aforementioned parties, arising out of my participation in this event. I grant permission to use any photographs or digital recording of this event for any legitimate purpose.

Signature (Parent's Signature if under 18)

Date