

Trick or Trot

Registration 9:00 AM
Race/Walk 10:00 AM

5K & 10K Road Race – 1 Mile Walk
Saturday, October 30



REGISTRATION FORM



Registration Fee: **\$35.00**. Suggested fundraising goal \$500.00 (see reverse side for incentives!)
Make check payable to: Special Olympics Massachusetts, 898 Prospect Street, Chicopee, MA 01020

FOR OFFICIAL USE ONLY

PLEASE CHECK ONE!

5K Race 10K Race 1 Mile Walk

LAST NAME: _____ FIRST NAME: _____ AGE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

SEX: MALE / FEMALE _____ WHEELCHAIR: YES / NO _____

T-Shirt Size: Please circle one

*Limited to first 200 paid participants

Small Medium Large X-Large XX-Large

Are you a part of a Trick or Trot team? Yes / No

If yes, team name: _____

Are you fundraising for a SOMA local program? Yes / No

If yes, local program name: _____

*15% of funds raised by local programs will be reserved for west section program related expenses.

In consideration of participating in the Trick or Trot I represent that I understand the nature of road race events and/or my minor child am qualified, in good health, and in proper physical condition to participate in such event. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and or my minor child will immediately discontinue participation in the event.

I fully understand that road race events involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the event.

I hereby release, discharge, and covenant not to sue Special Olympics Massachusetts its administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the event takes place (each considered one of the "Releasees" herein) from liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations.; and further agree that if, despite this release, waiver of ability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the Releasees from any loss, liability, damage, or cost which may incur as the result of such claim.

PRINTED NAME OF PARTICIPANT

SIGNATURE OF PARTICIPANT (ONLY IF AGE 18 OR OVER)

DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN (IF PARTICIPANT UNDER AGE 18)