

WILLIAMSTOWN COMMUNITY CHEST FUN RUN REGISTRATION FORM

SEPTEMBER 14, 2019 ON-SITE REGISTRATION OPENS @ 9:30 am

Location: Williamstown Youth Center, 66 School Street

5K RUN \$15.00 EACH

CHILDREN 5 AND UNDER FREE

1 a. INDIVIDUAL REGISTRATION:

Name _____ Age _____

Please sign waiver below; If under 18, parent or guardian must sign.

OR

b. FAMILY/ GROUP REGISTRATION:

Team name _____

Captain _____ Age _____

Please sign waiver below on behalf of team

Members :

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

2. ADDRESS: _____

_____ Tel: _____

e-mail: _____

1 MILE STROLL-WALK-RUN \$5.00 each

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Please sign waiver below on behalf of team

Members :

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

2. ADDRESS: _____

_____ Tel: _____

e-mail: _____

3. WAIVER: In consideration of this entry, I, intending to be legally bound here-by, do for myself, my heirs, executors and administrators, waive and release the Williamstown Community Chest, its members, officers and other contributing organizations, the Town of Williamstown, Williams College and their successors, representatives and assigns from liability for any injuries suffered by me and/or my team mates as listed above at said race on Saturday, September 14, 2019.

Signature: _____ Date: _____

FOR WCC USE : REGISTRATION FEES/PAYMENT METHOD:

5K # of Participants _____ @ \$15.00 each = _____

1M # of Participants _____ @ \$ 5.00 each = _____

Grand total due:

Payment: Cash: _____ Check # _____ Credit card _____

Credit card # _____ Exp Date: _____ Name on _____

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