

Mayor Higgins' Hot Chocolate Run to benefit Safe Passage

2M Walk 9:30AM, 5K Run 10AM · Sat., Dec. 5, 2009 · Old South St., Downtown Northampton

Info at HotChocolateRun.com or 586-1125

Name:	_____	Address:	_____
City:	_____	State:	_____
Zip:	_____	Email:	_____
Team/School Name	_____	Age	_____
		Male / Female	(circle)
Emergency Contact Name:	_____	Emergency Phone:	_____
Would you like to receive informational mailings from Safe Passage?	Yes / No		(circle)

Family or Group Entry:

Additional Member	_____	Team/School Name	_____	Age	_____	Male / Female
Additional Member	_____	Team/School Name	_____	Age	_____	Male / Female
Additional Member	_____	Team/School Name	_____	Age	_____	Male / Female
Additional Member	_____	Team/School Name	_____	Age	_____	Male / Female
Additional Member	_____	Team/School Name	_____	Age	_____	Male / Female

Entry Fee Enclosed \$ _____	+	Additional Donation \$ _____	=	Total Paid \$ _____
(Student \$14, Adult \$20, Family \$45)		(100% tax-deductible benefit to Safe Passage)		
(Groups of 4+ deduct \$2 each)				Please make checks payable to Safe Passage
DROP OFF: Northampton Running Company 90 King Street, Northampton				
OR MAIL TO: Hot Chocolate Run, c/o John Frey, 60 North Street, Northampton, MA 01060				

LIABILITY WAIVER - I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/walk 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/walk. I assume all risks associated with running/walking in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including heat and/or humidity, traffic and the conditions of the road and/or trail, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Safe Passage and it's Board of Directors, and all sponsors, their representatives, and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I have read the liability waiver and understand the inherent risks with this activity.

I certify that I am 18 years of age or older, or that I am the Parent/Guardian of the entrant and am granting permission for him/her to participate.

Printed Name

Parent's Printed Name

Signature

Date

Parent Signature (if under 18 yrs. old)

Date