



SPEARE'S
**Shamrock
Shuffle 5k**

MARCH 18, 2017

Registration/Sign In: 8:00 a.m.

Race Start: 9:00 a.m.

Registration Fee

\$10 per person

Children age 5 and under are free

Registration Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____

Email: _____

T-shirt size: XS S M L XL XXL

If you are participating as part of a Team, please let us know:

Team Name: _____

Please make checks payable to: Speare Memorial Hospital

Mail or drop registration forms off:

Speare Memorial Hospital

Attn: Kate Tarbox

16 Hospital Road

Plymouth, NH 03264

Participant Waiver and Release of Liability.

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. I assume all risks associated with running/walking this event including, but not limited to, falls, contact with other participants, the effects of the weather and road conditions; all such risks being known or of which I am aware and which are understood by me. I hereby further understand that and knowingly undertake the risks inherent in the conditions of the road and traffic on or near the course. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act on my behalf, waive and release of Speare Memorial Hospital all other sponsors, their representatives and successors or assigns from all claims or liabilities of any kind arising out of my participation in this event. I hereby give my permission to the event organizers and sponsors to use my name and/or picture in any publication, broadcast, telecast or other account of this event without limitation or obligation of further compensation thereof.

Signature: _____

Parent signature required for participants under the age of 18.