BREAKAWAY 5K &
Marilyn GolzbeinMemorial Fun Run

REGISTRATION FORM

Complete the following Registration Form, and mail it with your fee to:

Louie Ladakakos
12 Woodman Ave
Saco, Me 04072

Circle Race: 5K FUN RUN

Name First:* MI: Last:*

Address Line 1:*

Line 2:

City:* State/Prov:* ZIP/Postal Code:*

Circle Gender:* Male Female **Age on August 21, 2010:***

Circle Shirt Size: S M L XL **Where did you hear about the race?**

Please Read:
No Refunds, exchanges or transfers. I know that running a road race is a potenitally hazardous activity. I should not enter and run 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 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; 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 the Town of Old Orchard Beach, Maine Track Club and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event**. BY ENTERING MY INITIALS AND CLICKING THE "SUBMIT" BUTTON BELOW, I ALSO ACKNOWLEDGE THAT I HAVE READ THIS NOTICE AND HAVE CONSENTED TO ITS CONDITIONS.

Sign Here to Agree:* _____ **Date:** _____

Parent or Guardian (for Minors)
Sign Here to Agree:* _____ **Date:** _____

Printed Name: _____ Relation:_____