

Louisa May Alcott 5K Walk/10K Run Registration
Sunday, 24 October 2010 12 noon Concord-Carlisle High School

*** NOTE: EVERY PARTICIPANT MUST COMPLETE A FORM (even children) ***

FOR RUNNERS ONLY - BIB NUMBER: _____

PARTICIPANT INFORMATION *Please clearly print all information*

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ E-Mail _____

AGE: _____ (If under 18, parent/guardian MUST sign the waiver below)

MALE FEMALE

REGISTRATION FEE

ADULT Runner \$ 25.00 CHILD Runner \$ 12.50 WALKER \$ 10.00
 Child under 6 - Free

PAYMENT INFORMATION

CASH CHECK (payable to "Orchard House") MC/VISA/AMEX

Card # _____ CVV # _____

Exp. Date _____ Signature _____

CONSENT AND LIABILITY WAIVER

****MUST be signed by every registrant; parent/guardian must sign for participants under age 18****

I hereby release The Louisa May Alcott Memorial Association/Orchard House and all sponsors, officials, and volunteers involved in this Walk/Run from any liability incurred by my participation in this event. I also grant permission for the organizers to use all photographs or any other record of this event for any legitimate purpose. Participants under 18 years must have this waiver signed by a parent/guardian. Participants under 16 years must be accompanied by an adult.

Signature or Participant or Parent/Legal Guardian

Date