

HEALTHY MELROSE

2ND ANNUAL 5K ROAD RACE & FREE KIDS FUN RUN! (WALKERS WELCOME)



APRIL 30, 2011 AT NOON
REGISTRATION BEGINS AT 11 AM
 (Kids run begins at 11:45am)

Special thanks to
Presenting Sponsor



\$20 per runner/walker
 (registering by 4/16/11)
\$25 thereafter

\$60 maximum per family
 (registering by 4/16/11)
\$75 thereafter

The Wellness and Fitness Fair
will be held before, after, and
during the race!

Net proceeds benefit the
Healthy Melrose Fund

RACE STARTS AT MELROSE MIDDLE SCHOOL
 350 Lynn Fells Parkway, Melrose, MA 02176

T-SHIRTS FOR FIRST (200) PRE-REGISTRANTS FOR THE 5K

Awards: Overall Male/Female Finisher
 Top Male/Female (age 13-19)
 Top Finisher (12 and under)
 Top Finisher Representing PTO

Please make checks payable to The Race Council and mail check and entry form to:
 The Race Council, c/o 0600 Conditioning Lab, 99 Washington Street, Melrose, MA 02176

OR PLEASE FIND US ON WWW.ACTIVE.COM

Healthy Melrose Road Race Entry/Waiver – completed by all participants (including Kids Fun Run)

Race # Issued: _____

Last Name: _____

First Name: _____

Age: _____ Sex: M F

Street Address: _____

City : _____

State : _____

Zip : _____

Email Address: _____

Tshirt size Adult: XL _____ L _____ M _____ S _____

Note: Please write clearly in order to produce accurate race results. Not writing clearly is not the responsibility of Race Officials producing improperly spelled race results.

Liability Waiver Form

I know that running a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I assume all risks associated with running this event. I should not enter unless I am medically able and properly trained. I assume all risks associated with running this event. Having read this waiver and knowing these facts and in consideration of your accepting my entry fee, I, for myself, and anyone entitled to act on my behalf, waive and release The Race Council, the City of Melrose, and all sponsors, their representatives and successors, for all claims or liabilities of any kind arising out of my participation in this event.

Signature: _____
 Date: _____

Parent if under 18: _____
 PTO Representing (if applicable): _____