



## ON-SITE REGISTRATION FORM

5k  10k  KIDS Bib #: \_\_\_\_\_

Male  Female AGE: \_\_\_\_\_

PLEASE PRINT NEATLY!

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CELL #: \_\_\_\_\_

EMERGENCY CONTACT #: \_\_\_\_\_

Registration fee: 5K = \$40 10K = \$50 Kids Run = \$15

PAYMENT METHOD:

Cash  Check Check #: \_\_\_\_\_ Make check payable to **Neighbor Brigade**

CC # \_\_\_\_\_ Exp. \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder: \_\_\_\_\_

WAIVER: In consideration of the acceptance of this entry, I hereby for myself, my heirs, executors and administrators waive any and all rights and claims for damages I have against sponsors, race directors, organizers, timers, volunteers, Neighbor Brigade, Pam's Run, the Town of Wayland, from any claims whatsoever from any participation in this event. I attest that I, and any participating family member, am physically fit and trained to participate in this event; and grant full permission to use any photographs or other record of this event for any legitimate purpose as it pertains to this event.

SIGNATURE: \_\_\_\_\_