

Registration Information

Name (please print)

Daytime Phone

Evening Phone

Address

City

State

Employer

Age on Race Day (October 3rd)

Gender

Email Address

T-shirt Size

Youth XL Adult MED Adult LG

Adult XL Adult XXL

Registration Fee

\$20 Registration \$25 Registration after 9/27.

\$10 Children under 12 and Best Buddies participants

Charitable Donation Amount \$ _____

I will be walking I will be running

Payment Information

MC VISA AMEX Discover

Name on Card (please print)

Card No.

Exp. Date

Signature

If paying by check: Please make payable to Hockomock YMCA.

Send Your Registration, Signed Medical Waiver and

Payment to: Run for Bob

Hockomock Area YMCA - Bernon Family
Branch
45 Forge Hill Road
Franklin, MA 02038

Register online: www.runforbob.org



The Bob Biagiotti Family Fun 5K Run/Walk



2011 Registration Form

5K Run or Walk

Saturday, October 1

9:00 AM - 1:00 PM

Participation is open to all ages. The first 300 registered participants will receive a FREE T-shirt. This is a Family Event with Children's Activities, FREE Refreshments, DJ, Raffle Prizes and More! All proceeds go to the benefit of the Hockomock Area YMCA Bernon Family Branch Reach Out for Youth and Families program and the Franklin chapter of Best Buddies.

Location



Marsh & McLennan Companies, Inc.

431 Washington Street, Franklin

Directions

From Points North

Take Route 495 South to King Street (exit 16) in Franklin. Turn right onto King Street and travel almost a mile to Washington St. Turn right onto Washington St (at blinking light), and proceed 500 yards. The first left turn will be Marsh & McLennan Companies, Inc.

From Points South

Take Route 495 North to King Street (exit 16) in Franklin. Turn left onto King Street and travel almost a mile to Washington Street. Turn right onto Washington Street (at blinking light) and proceed 500 yards. The first left turn will be Marsh & McLennan Companies, Inc.

Registration Fees

\$20 Adults until 9/26. After 9/26 registration is \$25

\$10 Children under 12 and Best Buddies participants

All registration fees and donations are tax-deductible and non-refundable.

Start Times

9:00 - 9:45 AM - Registration

10:00 AM - Run

10:05 AM - Walk

Awards for Run

Top 3 finisher's (Men & Women)

Top 3 in age categories (Men & Women) as follows: 12 and under, 13-19, 20-29, 30-39, 40-49, 50-59, 60+

For more information contact Shannon Reeve at 508-259-5893.

Night Event

Join us at Pinz's (www.pinzowl.com) at 7pm for a post run party, appetizers, silent auction, raffle, etc.

General Waiver, Release, and Medical Form

The Bob Biagiotti Family Fun Walk/Run Release and Indemnification Statement

The Bob Biagiotti Family Fun Walk/Run involves running or walking, an activity that may include risks such as, but not limited to, falls, interaction with other participants, effects of weather, traffic, and conditions of the road. In consideration of being allowed to participate in the event, I hereby expressly assume all risks, including personal injury and death, arising in any way out of my participation in the Bob Biagiotti Family Fun Walk/Run, and related activity. It is my responsibility to dress appropriately. Although route maps, rest stops, refreshments and other assistance may be made available during this event, I am solely responsible for my own health and safety. I represent and warrant that I am physically fit and able to participate in the event and I agree to stop and request assistance if I experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions, which would make it difficult or unsafe to continue.

I agree for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless the Hockomock Area YMCA, Putnam Investments, MMC, The Bob Biagiotti Family Fun Walk/Run, its affiliates, officers, directors, volunteers, employees, and all sponsoring businesses and organizations and their agents and employees, from any and all liability claims, demands, and causes of action whatsoever arising out of my participation in this event and related activities - whether it results from the negligence of any of the above or from any other cause. This release and indemnification agreement shall be as broad and inclusive as is permitted in the Commonwealth of Massachusetts. If any portion of it is held invalid, the balance should continue in full force and effect.

Do you have any allergies or medical conditions that we should know about?

No

Yes

If Yes Please Explain

In case of an emergency, provide name and address of friend, relative or physician:

Name

Relationship

Telephone

I have read this form and acknowledge it must be completed in order to participate in the Bob Biagiotti Family Fun Walk/Run.

I understand that the Bob Biagiotti Family Fun Walk/Run volunteers reserve the right to dismiss me if I do not abide by these rules.

Sign Name

Print Name

Date

If participant is a minor (under 18)

Parent/Guardian Signature

Print Name

Date