

Town of Belmont Leprechaun Leap Registration Form

March 15, 2014  10:00 a.m.  Belmont Mill Parking Lot

Participant Name _____ Age _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Alternate Phone _____

E-mail Address _____

E-mail address needed for notification of cancellation or changes

Medical Problems or Allergies _____

Emergency Contact _____ Relation _____

Emergency Contact Phone _____ Alternate Phone _____

Payment Information

Payment is required at the time of registration. Checks should be made payable to: Town Of Belmont. Payment can be dropped off with a completed registration form to Belmont Town Hall or mailed to Town of Belmont, Attention: Special Event Coordinator at the address listed below. **Forms & checks must be received prior to March 7th for participant to be considered a "pre-registrant" and receive their Leprechaun Leap gift.**

Pre-registration:

Runners/walkers - **\$15**

Senior Citizens and kids under 14 - **\$10**

Day of registration:

Runners/walkers - **\$20**

Senior Citizens and kids under 14 - **\$15**

Refund/ Cancellation Policy

Once paid, fees are non-refundable. If the event is cancelled by the Town you will be notified with a full registration refund.

Indemnification & Emergency Medical Information

Participation in this sport/activity may involve risk of injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the Town of Belmont, its officers, employees, agents, volunteers, and supervisors, except in the case of their sole negligence, from all losses, injury, damages, fees, and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for my child(ren) to be treated by qualified medical personnel in the event that the above named parent/ guardian cannot be reached at the phone numbers provided. I understand that in an emergency an attempt will be made to communicate with me prior to use of this waiver.

I understand the cancellation/refund policy is strictly enforced. As a parent, guardian, or participant, I allow the Town of Belmont to take my picture and use it for advertising and promotional purposes.

Participant Signature

Date

Parent or Legal Guardian (if under 18) Signature

Date

Town of Belmont
PO Box 310
Belmont, NH 03220



www.belmontnh.org
Phone: (603) 998-3525
events@belmontnh.org