

6th Annual Lakes Region Leprechaun Leap 5k Fun Run/Walk



SUNDAY, MARCH 18, 2018 AT 10 AM

START/FINISH LINE AT BELMONT MILL PARKING LOT, 14 MILL ST., BELMONT

REGISTRATION FORM

Participant's Name _____ Age _____ Telephone _____

Address _____ City _____ State _____

Email Address _____ (Email/Telephone for notification of cancellation/changes only)

Medical Problems or Allergies _____

Emergency Contact & Telephone _____

Payment Information - \$10 Pre-registration or Day of Event

Payment by check (payable to Town of Belmont) or cash is required at time of registration. Payment and completed registration form may be dropped off at Belmont Town Hall at 143 Main St. or mailed to Special Events Coordinator, Town of Belmont, PO Box 310, Belmont NH 03220. **Commemorative water bottle will be included for the 1st 50 pre-registrations received.**



Refund/Cancellation Policy

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

Indemnification and 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 activity 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 telephone number provided. I understand that in an emergency, an attempt will be made to communicate with me prior to use of this waiver.

As a parent, guardian, or participant, I allow the Town of Belmont to take my picture and use it for advertising and promotional purposes.

Signature of participant _____ Date _____

Signature of parent/guardian (if <18 yrs old) _____

Telephone # of parent/guardian: _____

www.belmontnh.org/603.998.3525/events@belmontnh.org

Official use only: Recv'd ___/___/___

Cash/Ch# _____ Amt _____