

REGISTRATION FORM

Gender: □ Male □ Female **Age:** (on day of race) ____

Company Name: (if different than Team Name)

☐ Paper Registration Fee: \$35

individual registration fee.

Send registration form and check to:

any legitimate purpose.

☐ Youth Registration Fee (14 years & under): \$12

I am walking/running as: ☐ An Individual ☐ Part of a Team

Please print clearly using a pen! This form may be photocopied if needed. Please use a separate registration form for each participant or register online at rocknrace.org.

SAVE §6 by registering online at rocknrace.org!

First Name:

Last Name:

Team Name:

Bib	#:
Registration Amt:	
Contribution Amt:	
	Cash
	Credit
	Check#:
	For Office Use Only

THURSDAY, MAY 16, 2019 State House Plaza, Concord, NH 6 pm

SAFETY ISSUES

With more than 5,000 runners and walkers in 2018, Rock 'N Race has become a meaningful community event. We want it to stay that way and ensure everyone's safety. For that reason and to adhere to USATF rules: no bikes, roller blades, skateboards, headphones or pets will be allowed on the course.

Individuals pushing strollers are prohibited from running in this event and must register as walkers.

These are serious safety issues and will be enforced.

BECOME A SUPERSTAR!

At the \$85 level and together we will rock the cancer world! Contribute an additional \$50 to help keep our registration fees low.

Street Address: City, State, Zip: This address is: □ Work □ Home Daytime Phone: E-mail Address: I plan to: ☐ Walk ☐ Run Free T-shirt to first 4,000 registrants! □ I do not want a T-shirt My size: ☐ Youth(L) ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ 2XL ☐ 3XL **Enclosed is:**

□ \$85 - I want to be a Superstar! Please accept my \$50 contribution, in addition to my

☐ My company has matching funds. My matching gift form is attached.

Please make checks payable to Concord Hospital Trust.

Concord Hospital Trust, 250 Pleasant Street, Concord NH 03301

Submit a Team Roster by April 15 and receive customized team T-shirts! Please enclose a separate

registration form for each team member. Teams may consist of twelve or more runners and/or walkers.

Payson Center for Cancer Care and

Map of Race Course at rocknrace.org

and administrator, waive and release any and all rights and claims for damages I may have against the sponsors,
coordinating groups and any individuals associated with the Rock 'N Race 2019, their representatives, successors
and assigns, and will hold them harmless for any and all injuries suffered in connection with this event. I attest
that I am physically fit to compete in this event. Further, I hereby grant full permission to any and all of the
foregoing to use my likeness in all media including photographs, recordings or any other record of this event for

RELEASE AND WAIVER (UNSIGNED WAIVERS WILL BE REJECTED): I hereby for myself, my heirs, executors

Signature:____ Parent's Signature: (if participant is under 18) Date: