



MERRIMACK  
COUNTY SAVINGS BANK

PRESENTS

# Payson Center for Cancer Care ROCK'N RACE

## JUNE 1-30, 2020

### REGISTRATION FORM

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](http://rocknrace.org).

**SAVE \$5** by registering online at [rocknrace.org](http://rocknrace.org)!

#### BECOME A SUPERSTAR!

At the \$80 level and together we will rock the cancer world! Contribute an additional \$50 to Payson Center for Cancer Care and help keep our registration fees low.

Map of Race Course at [rocknrace.org](http://rocknrace.org)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_

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

Team Name: \_\_\_\_\_

Company Name: (if different than Team Name) \_\_\_\_\_

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 3,000 registrants!**

I do not want a T-shirt

My size:  Youth(L)  Small  Medium  Large  X-Large  2XL  3XL

Enclosed is:

Paper Registration Fee: \$30

Youth Registration Fee (14 years & under): \$15

\$80 - I want to be a Superstar! Please accept my \$50 contribution, in addition to my individual registration fee.

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

**Please make checks payable to Concord Hospital Trust.**

Send registration form and check to:

Concord Hospital Trust, 250 Pleasant Street, Concord NH 03301

**RELEASE AND WAIVER (UNSIGNED WAIVERS WILL BE REJECTED):** I hereby for myself, my heirs, executors 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 2020, 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 any legitimate purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Bib#: \_\_\_\_\_

Registration Amt: \_\_\_\_\_

Contribution Amt: \_\_\_\_\_

Cash

Credit

Check#: \_\_\_\_\_

For Office Use Only