

48th Annual Bristol "Mum-A-Thon" 8K Road Race & 5K Halloween Family Fun walk

Sunday October 22nd 2017

10:00 am start for the 8K

10:10am start for the 5K

Starts and ends at St. Paul Catholic High School 1001 Stafford Ave. Bristol CT.

Rain or Shine, updates on the Facebook page – <https://www.facebook.com/BristolMumroadracesince1970>

CIRCLE EVENT:

5K Halloween Family Fun Walk
Un-Timed event

8K Road Race
Timed Event

Please Print

LAST NAME: _____ FIRST NAME: _____

SEX: _____ BIRTH DATE: _____ AGE ON RACE DAY: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ **Emergency Contact Telephone:** _____

EMAIL: _____

Shirt size (Pre-registration ONLY*) 8K Long Sleeve Dry Wick 5K Cotton. Deadline to guarantee a shirt, October 1st

Adult Size: Small _____ Medium _____ Large _____ XL _____ XXL _____

Child Size: Small _____ Medium _____ Large _____ Sizes are limited.

In consideration of my entry being accepted, I the undersigned, intending to be legally bound, do hereby for myself, my children, my heirs, executors and administrators, I do hereby for myself, my heirs, executors, and administrators waive, release and forever discharge any and all rights for claims and damages, which may have and herein after accrue to me any and all race sponsors, directors, facilities, volunteers, hired services, St. Paul High School, or the city of Bristol in which this race and walk is contested, their representatives, successor or assigned, officer, members, games director and/or agents which may be sustained and suffered by me in connection with my association with or entry in this "Mum" 8K road race and 5K walk for any injuries suffered by me in said event or from such event. I attest and verify that I am physically fit and sufficiently trained for completion of the event and a licensed medical doctor has verified any physical condition within the last six months. Further, I hereby grant full permission to any and all of the foregoing to use my photographs, videotapes, motion pictures, recordings, any other record of this event for any purpose without compensation or remuneration. I also give my permission and consent to act in my behalf to authorize medical treatment should it be required.

SIGNATURE: _____

(Parent or guardian must sign if under 18)

ENTRY FEES:

8K: \$22.00 Pre-Reg \$25.00 Race Day

5K Halloween Family Fun Walk: \$12.00 Pre-Reg - \$15.00 Race Day **Under 4 FREE**

Remember to wear your Halloween costume!

Print out this application and make checks payable and mail to:

Bristol Veterans Council, Inc P.O. Box 2634 Bristol, CT. 06011-2634

BIB #