Medical Center 6K – Sunday May 9, 2010 10 Prospect St – Nashua NH 03061 ---- Start time – 9:30am	Official use only

This Form To Be Used By :

6K Runner

You can register Online and save the postage fee visit http://www.MedicalCenter6K.com

See www.medicalcenter6K.com for directions, prizes and other details.
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LAST Name (please PRINT)

|__|__|__|__|__|__|__|__|__|__|__|__|__| ←--LAST NAME

FIRST Name (please PRINT)

|__|__|__|__|__|__|__|__|__|__|__|__|

Gender Age on 5/9 Zip Code Street address

|__| |__|__| |__|__|__|__|__| |__|__|__|__|__|__|__|__|__|__|__|__|__|__|

City State

|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|__|

Date of Birth _____

Email Address Phone number

_____ _____

Signature (parent if under 18)_____ date _____

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 individual associated with "Medical Center 6K Run and walk," Gate City Striders, and City of Nashua, the USA Track & Field Assoc., their representatives, successors and assigns, and will hold them harmless for any and all injuries suffered in connection with this event. I further acknowledge that skateboards, bicycles, and in-line skates are prohibited and that baby strollers are not permitted in the 6K race. (Baby strollers are permitted on the walking courses only.) I attest that I am physically fit to complete in this event on Sunday May 9, 2010. I acknowledge that I will obey all rules and directions from race personnel. Further, I hereby grant full permission to any and all of the foregoing to use my likeness in all media including photographs, pictures, recordings, or any other record of this event for any legitimate purpose. All FEES are non-refundable.	6K Runner Entry Fee 12 and under FREE Received by 4/24 $20 Received After 4/24 $25 **Family - Total Fee is $30 if all forms sent in 1 envelope.**	Make check payable and mail to: SNHMC 6K Road Race PO Box 3515 Nashua NH 03061