



REGISTRATION FORM

(one per family)

Sunday, December 3, 2017
 12:30pm Race Start
 1:30pm Awards Ceremony

Please Print Very Clearly



Family Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____ To receive a text with your finish time

Email: _____

Please provide your email address to receive important Angel Run information including bib pick-up or delivery and photos from the event

First Name	Last Name	Gender	Birth Date (mm/dd/yy)	Age on 12/3/17	Competitive Runner?	Registration \$30.00
		M / F			Y / N	
		M / F			Y / N	
		M / F			Y / N	
		M / F			Y / N	
		M / F			Y / N	

OPTIONAL DONATION _____

TOTAL _____

PAYMENT TYPE: Check
 Payable to Medfield Foundation

Mail forms to: Medfield Foundation, P.O. Box 745, Medfield, MA 02052
Form must be received by November 25, 2017

_____ Official Use Only

I am / we are medically able and properly trained to participate in the event. I/we assume all risks associated with participating in this event, including but not limited to falls, contact with other participants or spectators, the effects of weather, traffic and conditions of the road, all such risks being known and appreciated by me. I/we waive and release the Medfield Foundation, Inc., the Town of Medfield, all sponsors, their representatives, and successors, and each of their past, present, and future officers, directors, partners, stockholders, attorneys, agents, servants, employers, employees, professional corporations or groups with which they were, are or may be affiliated or employed, medical staff, representatives, affiliates, parents, subsidiaries, insurers, reinsurers, heirs, executors, administrators, predecessors and successors in interest, and assigns and all other persons, firms, or corporations with whom any of the former have been, are now, or may hereafter be affiliated, for all claims or liabilities of any kind arising out of my participation in this event. By supplying my email address I agree to receive emails in the future about other Medfield Foundation events. I may opt out at any time in the future but may miss important announcements. I understand that this event is not sponsored or endorsed by the Medfield Public Schools. By participating, I grant to the Medfield Foundation the right to take photographs of me and/or my family in connection with the MFi Angel Run. I authorize Medfield Foundation to use and publish the same in print and/or electronically. I agree that Medfield Foundation may use such photographs for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content.

SIGNATURE (Parent or Guardian if under age 18)

DATE
