



# Bowman Adventure Run

Sunday, October 26, 2014, 11 AM  
9 Phillip Rd, Lexington MA 02421



## Mail-in registration form

**Make checks payable to: Bowman PTA**  
**\$20 before 10/19, \$25 after**

**Mail forms to:**  
**BOWMAN ADVENTURE RUN**  
**c/o Jennifer Fujii**  
**21 Washington St., Lexington MA 02421**

<b>Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Daytime phone</b>	
<b>Email</b>	
<b>Date of birth</b>	
<b>Age on race date</b> (if you are under 11 on race day, you must run w an adult)	
<b>T-shirt size (circle)</b>	Y    AS    AM    AL
<b>Gender (circle)</b>	F        M

I hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages against The Bowman Adventure Run and Kids Fun Run, North Shore Timing Company and its affiliates and subsidiaries, sponsors, coordinating groups, private property owners including but not limited to Charles Hornig and Meadow Mist Farm, and any individuals associated with this event, 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. I am fully aware of the risks and hazards inherent in participating in this event, and hereby assume all risks of loss(es), damage(s), or injury(ies) that may be sustained while participating in this event. I authorize medical treatment as necessary.

Further, I grant full permission to the Bowman Adventure Run to use my likeness in all media including, but not limited to photographs, broadcasts, newspapers, brochures, or any other record of this event for any legitimate purpose without compensation. I also understand that the entry fees are non refundable.

I (or my parent or guardian if I'm under 18) HAVE READ THE FOREGOING AND INTENTIONALLY AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT and agree to its terms and conditions.

Signature

Date

Parent's signature if under 18