



DEERFIELD

OLD HOME DAY

5K RUN/WALK ROAD RACE

Saturday May 22, 2010 9AM

**Pre-Registration: 8AM Frontier Regional School Cafeteria
113 North Main St.
South Deerfield, MA**

Prizes will be given to the male & female winners in the following categories:

Youth: 8-18 years old
Open: 19-39 years old
Master: 40-49 years old
Senior: 50-59 years old
Senior Plus: 60+ years old

*****TO BENEFIT THE DEERFIELD RECREATION DEPARTMENT*****

Registration fee: \$12.00 by May 15th *** \$15.00 May 16th thru race day
T-shirts to first 50 entrants *** REFRESHMENTS SERVED

For more information call:

Pete Law 665-0493
Sue Antonellis 665-1400 xt107
recdept@town.deerfield.ma.us

Walkers and runners with strollers will start behind the runners.
NO DOGS ALLOWED ON THE COURSE

Make Check Payable to: Town of Deerfield

**Mail Entry Fee and Registration to:
Deerfield Recreation Department
8 Conway St.
South Deerfield, MA 01373**

Directions to Frontier Regional School

From the North:

Rt. I-91 to Exit 25

Turn Left at the end of the ramp

Turn right at the light onto Rts. 5 & 10

At the 1st light turn Left onto Elm St.

**At the stop sign—turn left onto N. Main St.

Frontier is 1 mile on the left—*Entrance & Registration is in the cafeteria.*

From the South:

Rt. I-91 to Exit 24

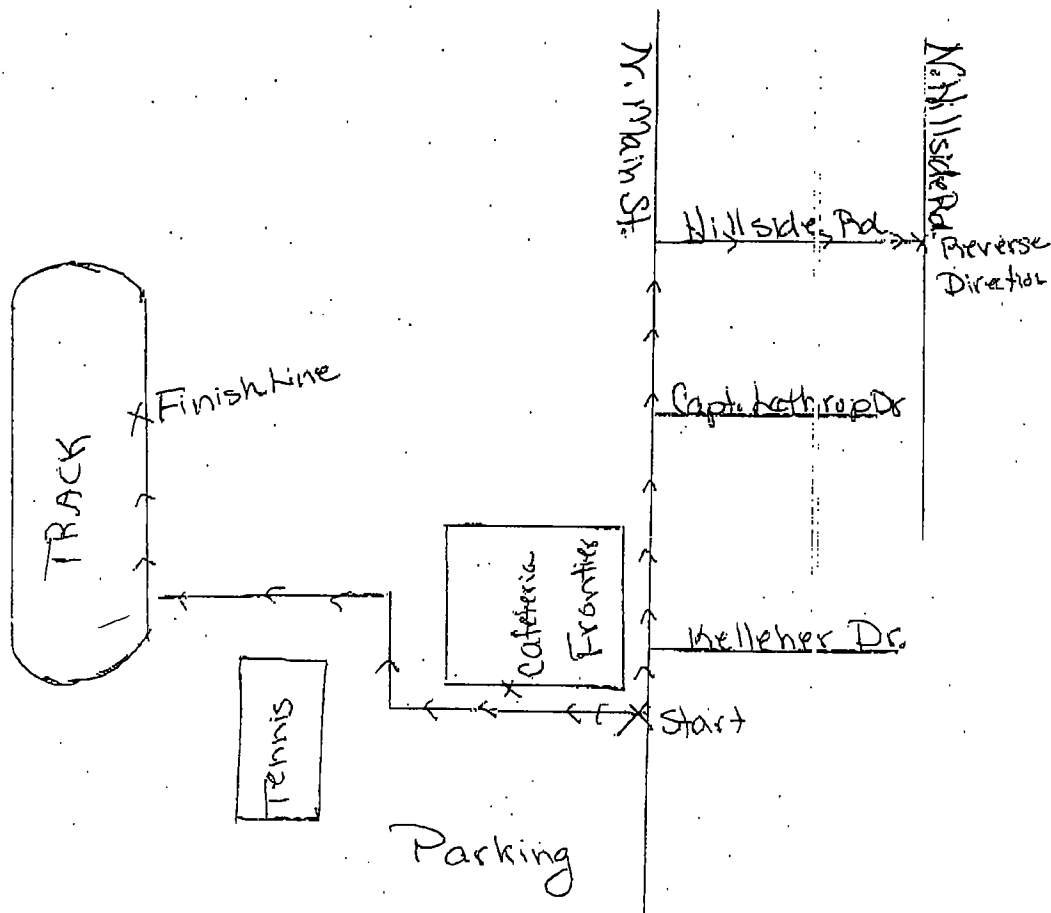
Turn Right at the end of the ramp

At the 2nd light turn Right onto Elm St.—follow directions above after Elm St.**

PARKING IS AVAILABLE AT FRONTIER

RACE ROUTE

Begin at the driveway of Frontier. Head north onto N. Main St.—Turn right onto Hillside Rd.
U-Turn at top of Hillside Rd. Return down Hillside Rd. to N. Main St.—Turn left onto N. Main St.—Turn right back into Frontier driveway—Through parking lot towards tennis courts—turn left on dirt rd. to Frontier track—bear to the right on the track—Finish Line in front of bleachers



Old Home Day Road Race 2010
REGISTRATION FORM

Name _____ Age as of May 22, 2010 _____ Sex _____

Street _____ City/State/Zip _____

Tel. # _____ T-SHIRT SIZE M L XL _____

RUN _____ WALK _____

MEDICAL INSURANCE AND/OR MEDICAL CHARGES POLICY

By nature, many programs provided by the Deerfield Recreational Department have inherent risks associated with participation. The Deerfield Recreational Department and/or Town of Deerfield **DO NOT PROVIDE ACCIDENT OR HOSPITALIZATION INSURANCE FOR PROGRAM PARTICIPANTS.** Therefore all participants are required to have medical insurance and/or be responsible for any and all costs of any nature or kind whatsoever for injuries or treatments which may arise out of participating in the Deerfield Recreational Programs. Participation in all department programs is voluntary and participation is at the participant's own risk.

Consent to Medical Treatment:

As a parent or legal guardian of the above named participant or as a participant myself, I hereby give my consent for any and all emergency medical care taken by a duly certified, trained, and/or licensed emergency care technician, doctor, dentist, nurse, first responder, or other appropriate similarly licensed or certified personnel, as may be administered in the process of providing emergency care of whatever form necessary to preserve life, limb or well being.

I authorize and request the Town of Deerfield to give, disclose and release to my emergency care provider all individually identifiable health information as I have provided to the Town of Deerfield. This authorization and request is a consent to the release of such information under current and future laws, rules and regulations, including but not limited to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and regulations promulgated pursuant thereunder.

Parents / Guardian Signature or Self: _____

Medical Conditions / Allergies: Yes: ___ or No: ___ Please describe in detail any medical conditions or allergies about which the Deerfield Recreational Department or any potential medical care provider should be aware:

[This is a two-sided form. Please read and complete both sides of this form.]

OVER



CONSENT AND RELEASE FORM

I, _____, myself, the undersigned, **OR** parent or guardian
of _____ do hereby consent to my participation in voluntary athletic or recreational programs of the
Town of Deerfield.

I agree and covenant to forever **RELEASE**, acquit, discharge and hold harmless the Town of Deerfield, the Recreational Committee, and any and all of its employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in the voluntary athletic or recreational programs of the Town of Deerfield (hereinafter collectively the "Town of Deerfield") from any and all claims of any nature whatsoever, rights of action and causes of action that may have arisen in the past or which may arise in the future, directly or indirectly, from any and all known or unknown personal injuries to myself or property damage resulting from or in any way growing out of, directly or indirectly, and which has or hereafter may acquire, resulting from my participation in the Town of Deerfield voluntary athletic or recreational programs.

I hereby forever, **RELEASE**, indemnify, defend and hold harmless the Town of Deerfield against any and all legal claims of any nature or kind whatsoever and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from my participation in the Town of Deerfield voluntary athletic or recreational programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my participation in these programs is voluntary and that I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to participate in the Town of Deerfield's athletic or recreational programs with full knowledge that the Town of Deerfield will not be liable to anyone for personal injuries or property damage I may suffer in the voluntary participation of the Town of Deerfield athletic or recreational programs.

Signed: _____

Name: _____
(Please print clearly)

Date: _____