

7TH ANNUAL HOT CHOCOLATE RUN to benefit Safe Passage

5k Road Race & 2 Mile Walk through downtown Northampton www.HotChocolateRun.com

2M Walk 9:30AM, 5K Run 10AM · Sun., Dec. 5, 2010 · Old South St., Downtown Northampton

1.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Email: _____


Team/School Name _____ Age _____ Male / Female
(circle one)

Emergency Contact Name: _____ Emergency Phone: _____

2.

I am participating in the 5k run / 2 mile walk
(circle one)

Please note: You must submit a separate registration form for each participant, including children.



3.

Entry Fee Enclosed \$ _____ + Additional Donation \$ _____ = Total Paid \$ _____

\$22 Individual, Student \$15, \$9 children 12 & under. (100% tax-deductible)
Groups/families of 4+ deduct \$3 per person.

Payment Method: Cash / Check (payable to Safe Passage)
(circle one)

To pay by credit card, please register online at www.hotchocolaterun.com

4.

Would you like to receive informational mailings from Safe Passage? Yes / No (circle one)

DROP OFF: Northampton Running Company 90 King Street, Northampton
OR MAIL TO: Hot Chocolate Run, c/o John Frey, 60 North Street, Northampton, MA 01060
QUESTIONS? More info at www.hotchocolaterun.com or 586-1125

read

LIABILITY WAIVER - I know that running/walking a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I assume all risks associated with running/walking in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including heat and/or humidity, traffic and the conditions of the road and/or trail, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Safe Passage and it's Board of Directors, and all sponsors, their representatives, and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I have read the liability waiver and understand the inherent risks with this activity.

I certify that I am 18 years of age or older, or that I am the Parent/Guardian of the entrant and am granting permission for him/her to participate.

sign

Printed Name

Parent's Printed Name

Signature

Date

Parent Signature (if under 18 yrs. old)

Date