



BrockTrot Registration

All proceeds to benefit

Brock Wilkerson Memorial Cancer Research Fund

Don't miss out. Register Today!!!

For more information, visit us at: www.BrockTrot.org or call 413-445-0767

<p>Sunday, October 24, 2010</p> <p>Shakespeare Founders Theatre in Lenox</p> <p>Check-in & Registration- 7:30AM</p> <p>10K , 10K Relay, & Walk Begin at 9:00A.M.</p>	<p>T-Shirts for first 100 runners to register</p> <p>10K Registration Fees:</p> <p>Early Bird: Before Sept 1st-\$20 - Race day: \$25</p> <p>Walk and Mile & Half Mile Kids Races-\$10</p>
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Official Registration Form

Race Date: Sunday October 24, 2010

Check in/Registration: 7:30 A.M., 10K, Relay & Walk start at 9:00 A.M., Kid's Races start at 10:00A.M.

(please note: One *signed* form is required for each participant. Please fill out front and back.)

Please complete this form and return with entry fee and /or donation to:

BrockTrot C/O Conventures 1 Design Center Place, Boston MA 02210

Pre-registration forms must be received no later than October 8th, 2010

Note: T-shirts will be awarded to the first 100 registrants. Register early to ensure you get one!

Today's Date: _____

First Name: _____ Last Name: _____

Age (on race day): _____ Circle your Sex: M F

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Please circle the event that you will be participating in:

10K- \$25

10K relay- \$15

Walk- \$10

1 mile kids race Age 9–13 yrs–\$10

1/2 mile kids race Age 0–8 yrs –\$10

Additional donation to the BrockTrot: \$ _____

Purchase Post Race Food Tickets:

Adults–\$10 _____ Children under 12–\$5 _____

I cannot participate, please accept this donation of \$ _____

Total \$ _____

Complete the following if paying by credit card:

Circle one: VISA MasterCard AMEX

Credit Card #: _____ Exp Date: _____

Signature: _____

Please make checks payable to: **The BrockTrot**

I would like to Volunteer!

Name: _____

Address: _____

Phone: _____ Email: _____

Waiver and Release: In consideration of my being permitted to participate in “The BrockTrot on October 24, 2010, the sufficiency of which I acknowledge, I the undersigned, intending to be legally bound hereby for myself, my heirs, assigns, executors and administrators, do hereby waive and release any and all rights, claims, demands, or causes of action of any nature I may have against The Brock Wilkerson Memorial Cancer Research fund, Town of Lenox, Town of Stockbridge and / or their directors, employees, agents, officials, volunteers, sponsors or any other representatives for any and all injuries or other damages of any kind that may be suffered by me in this event, from the date of this event forward.

I hereby certify that I am physically fit and have sufficiently trained for the competition of this event. I acknowledge that any injuries sustained by me during the course of this event may be caused by or arise out of the risks inherent to a cross-country race, of which I have full knowledge and which I assume. I further certify that all information and or documentation that I provided in connection with this application is true and accurate as of the date of the scheduled event. I agree to indemnify and hold all sponsors of this event harmless against any and all claims, demands, or causes of action of any kind for any accident, injury or damage whatsoever caused to any person or property by my, directly or indirectly, prior to, during, or after the course event. I will additionally permit the free use of our names, pictures or likeness in broadcasts, newsletters or promotional materials.

I understand the terms of this Waiver and Release and by signature below affirm that I am signing this waive and release freely and voluntarily.

Name (Please Print)

Signature (Parent/Guardian if under age 18)

Date