

1ST ANNUAL DAFFODIL FUN RUN

to benefit Big Brothers Big Sisters of Hampshire County

5k Road Race & 5k Walk through downtown Amherst www.DaffodilFunRun.com
5K Walk 11:00AM, 5K Run 11:30AM | Sunday, May 1, 2010 | Kendrick Park, Amherst

1.

Name: _____ Address: _____

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

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

Emergency Contact Name: _____ Emergency Phone: _____

2.

I am participating in the (please check one): 5k Run 5k Walk

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

3.

Entry Fee Enclosed \$ _____ + Additional Donation \$ _____ = Total Paid \$ _____
(100% tax-deductible)

Individual \$20 • Student \$15 • Children 12 and under \$5 • Family of Four Package \$40

Payment Method: Cash Check
(Payable to Big Brothers Big Sisters of Hampshire County)

To pay by **Credit Card**,
please register online at
www.daffodilfunrun.com

4.

MAIL TO: Big Brothers Big Sisters Daffodil Fun Run
Attn: Hannah Charren-Diehl
70 Boltwood Walk
Amherst, MA 01002



QUESTIONS? More info at www.daffodilfunrun.com or (413) 259 – 3345

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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 Big Brothers Big Sisters of Hampshire County, CHD, and its Board of Directors, and all sponsors, their representatives, and the 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 on 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.

Printed Name

Parent's Printed Name

Signature

Date

Parent Signature (if under 18 yrs old)

Date

