



# Race Application

**The Bond Wellness Center**  
**The Leaf Peeper Classic 10K Foot Race**  
**Sunday- October 10, 2010 at 1 p.m.**  
*Registration 11:30a – 12:45p*



**Please Print:**

Name \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Land Line contact: \_\_\_\_\_ Cell: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Male  or Female  (please check)                      Age: \_\_\_\_\_

Shirt Size:    S    M    L    XL    XXL    (circle one)

Entry Fee: \$25  
Cash or Checks made payable to: **Monadnock Community Hospital**

**Send completed applications and payment to:**  
The Bond Wellness Center  
Attn: Carrie Levesque  
458 Old Street Road  
Peterborough, NH 03458

## RACE WAIVER

I know that running a road race is a potentially hazardous activity. I should not enter and run 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. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat or humidity, traffic and the condition of the road, and 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 acting on my behalf, waive and release Monadnock Community Hospital 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Parent/Guardian signature if under 18: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact (1): \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (2): \_\_\_\_\_ Phone: \_\_\_\_\_