

21st Annual



St. Charles 5K

Labor Day, September 4, 2017 at 9:00 a.m.

Same day registration, race # pickup begins at 7:30 a.m.

Martin's Point Health Care

161 Corporate Drive, Portsmouth, NH 03801

Register on-line at www.runningnuns.com

Registration provided by Lightbox Registrations

- iResults Displays
- Sign up for automatic Facebook postings of your results
- Have your results texted to you

- USATF certified flat, fast course (NH16011BK)
- \$1,000 Cash Award Pool
- Chrono-Track Timing
- Free Fun Run and Activities for Kids
- Fantastic Food and Tons of Raffles
- Special "PR" Awards for Personal Best Times
- Free T-shirts to first 600 Registrants
- 2017 NH Grand Prix Series Race

Cut on dotted line and mail to: St Charles Children's Home 5K, PO Box 1705, Rochester, NH 03866-1705

Pre-registrations must be received by Thursday, August 31, 2017

Same day registration fee \$30.00

First Name

Last Name

With my signature or by filling out the race application or by my participation in the St. Charles 5K road race I intend to be legally bound. I certify that I am properly trained to run or walk this 5K road race. I assume all risks associated with participating in this event on September 4, 2017, including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/ or humidity, traffic, and conditions of the road, 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 of my behalf, waive and release 21st Annual St. Charles 5K Road Race, USATF, the City of Portsmouth, Pease International Tradeport, Catholic Charities of New Hampshire, Daughters of Mary Mother of Healing Love, St. Charles Children's Home, Martin's Point Healthcare, race officials and volunteers, all sponsors, and 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. Further, I hereby grant full permission to any of the foregoing to use any photo, videotapes, or any record of this event for any legitimate purpose, including marketing future races.

Signature

Date

Parent/Guardian Signature if under 18

Date

M F

(Circle one)

DOB (MMDDYYYY)

Age on Race Day

Street Address

City

State

Zip Code

Home Phone

Cell Phone

Email Address

Free T-shirt 1st 600 Registrations Adult Sizes: **S M L XL XXL** Child Size: **YM**

____ \$20 Pre-registration until 8/31/17 ____ \$10 12 & Under ____ \$20 Distance Runner - Run wherever you are!

2017 NH Grand Prix Race Series Team Name: _____