

PRE-REGISTRATION FORM



Bib #

The 10th Annual Race for Open Space
5K Run/Walk

Portsmouth, RI - Saturday, November 4th, 2017, 10:30 a.m.

Start: The beginning of the Sakonnet Greenway Trail, located next to the "Brown House" at The Glen in Portsmouth, RI. The Glen entrance is on Route 138 between Union Street and Sandy Point Avenue.

Course: 5k Cross country style loop course on nature trail and paved road, boardwalks and bridges with no major hills. Strollers and leashed dogs welcome in to join walkers.

Events: 9am - 10:15am: Registration
10:30am: Race begins
11am-1pm: Light refreshments & awards at the end of the race

Runners' Groups: Male and female; under 10, 10-14, 15-18, 19-29, 30-39, 40-49, 50-59, 60-69, 70+

Military Discount: 50% off for active, reserve, retired, and dependents.

Pre-Registration (before October 15) Entry Fee for Race: \$25 (19 & over), \$15 (18 & under), \$60 (family) (Family fee for up to 4 members living in the same household)

\*Make checks payable to Aquidneck Land Trust\*

The Race for Open Space 5k Run/Walk

Name (print): Age: Sex:

If Family Entry, please list the NAME/AGE/SEX of all participants on the back of this form.

Address: Phone Number:

City/Town: State: Zip:

E-mail CHECK EVENT: 5k Run 5kWalk

I assume all risks associated with running and/or walking in this event including, but not limited to falls, contacts with other participants, the effects of weather, traffic, and conditions of the trail and roads, 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 hereby waive the Town of Portsmouth, Portsmouth Police Department, The Pennfield School, Vaucluse Company, LLC, Greenscape, LLC, Bramans Meadow Homeowners Association, Aquidneck Land Trust, Race Officials, Volunteers and all Sponsors, their representatives and successors from all claims and/or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any record of this event for any legitimate purposes. I hereby certify that I am physically fit and have sufficiently trained for this event.

Signature: Date:

Parent (if under 18):

Form of Payment: Cash Check(#) CC (last 4 digits)
Fees: \$25 \$15 \$60 Military Fees: \$12.50 \$7.50 \$30 Total Paid:

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**Please list additional family members:**

Name (print): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name (print): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Name (print): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_