2012 Cheshire Miles of Hope

a 5k walk/run to benefit children

Saturday, June 9 in Keene, New Hampshire

Proceeds to benefit

Monadnock Region Child Advocacy Center

A program of the Granite State Children's Alliance

Learn more about what your local Child Advocacy Center is doing to end child abuse. Visit us at www.cac-nh.org.

3C Race Productions

Print Registration form at:
http://www.3craceproductions.com/RacePages/ChildAdvocacyCenter5KApp.pdf
Or register online at: http://www.active.com/running/keene-nh/cheshire-miles-of-hope-5k-2012

For more information call the Monadnock Region Child Advocacy Center at (603)-352-0413; or email: michael@3CRaceProductions.com.
Make $25.00 check payable to Monadnock Region Child Advocacy Center
Mail to: Monadnock Region Child Advocacy Center, 164 Emerald Street, Keene, NH 03431

Name:_____ Circle Gender: M F Age:_____

Address:_____ Phone:_____

City:_____ State:____ Zip Code:_____

Email:_____

Running Club:_____ Circle T-Shirt Size: S M L XL

I know that running is a potentially hazardous activity. I should not enter or run this event 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 race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release 3C Race Productions LLC, Monadnock Region CAC, the City of Keene, NH, 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. All fees are nonrefundable.

_____ _____ _____

Signature **Date** **Parent's Signature if under 18**