

5K RUN/WALK Registration Form

20th ANNUAL PEOPLES TRUST COMPANY

RUN FOR JIM

Collins Perley Sports & Fitness Center, Rt. 104, St. Albans, VT

SUNDAY, May 5, 2019

9:30 a.m. START

NAME _____

ADDRESS _____ DOB _____ AGE _____

TOWN _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

RUN ____ or WALK ____

T-SHIRT SIZE (Y=YOUTH, A=ADULT) YXS YS YM YL AS AM AL AXL
NOTE - First 100 pre-registrations received are guaranteed a race t-shirt

RACE CATEGORIES (circle): Male or Female

Age: U-13 14-18 19-29 30-39 40-49 50-59 60-69 70 and older

Pre-registration by May 3, 2018 is \$35.00 -
Race Day Registration is \$40.00

I hereby release The St. Albans Recreation Department, the Collins Perley Sports & Fitness Center, Northwestern Medical Center, and all volunteers and sponsors of "The Run for Jim" from any liability for injuries or damages sustained by me or my property in connection with this event as a participant or observer. I further attest that I am physically conditioned to safely participate in this event and do so at my own risk. I realize that I will be running on public thoroughfares that are not closed to traffic and I am fully responsible for my own health, safety and well-being.

SIGNATURE _____ (Guardian signature required if under 18)

PRINT NAME _____ DATE _____

Corporate Team name (if applicable) _____

If competing in the elementary/middle school challenge- what school does your child attend?

Make checks payable to "The Run for Jim Foundation". Send your registration form and check to: The Run for Jim, c/o Jeff Moreau Northwestern Medical Center, 133 Fairfield St., St. Albans, VT 05478

To Register online: www.runforjimbashaw.com