

The Run to Rebuild Monson

5k Run and walk to benefit the town of Monson, MA that was devastated by the June 1st tornado. All proceeds will go to the Monson Savings Bank Tornado Relief Fund. All runners and walkers welcome, kids under 8 are free!

Date: September 10, 2011

Registration: 7:30am - 9:00am

Time: Run starts at 9:30am, walk starts at 9:40am

Fee: Run: \$20 pre-registered/ \$25 Same day registration

Walk: \$15 pre-registered/ \$20 Same day registration

Family: \$50 for a family of 4 or more

Location: Monson High School 55 Margaret St. Monson MA

Mail Entry Fee to: The Run to Rebuild Monson

PO Box 401 Monson MA 01057

***Make checks payable to: The Run to Rebuild Monson**

There will be awards for the top male & female as well as awards for age groups

For More information contact Shannon Byrnes

Email: theruntorebuildmonson@gmail.com

Shannonjb21@yahoo.com

Check us out on Facebook! Search Group; The Run to Rebuild Monson 5K

<http://www.runnergirl.com/races.shtml#september>



Name: _____ **M/F** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Age: _____ **Birth date:** __/__/____ **Runner** ___ **Walker** ___

Tshirt Size: Small Medium Large Xlarge

Please circle one

As I register for The Run to Rebuild Monson, I understand the nature and risks associated with participation in this activity. I am aware that participation is at one's own risk. I acknowledge that the activity, equipment, and facilities may pose significant risk of personal injury. I am also aware that each participant is responsible for his or her own safety. I hereby grant for myself, my heirs, executors, or administrators, waive and release any and all claims of damage we ever had or now have against the town of Monson, MA, its successors and assigns, employees, agents and representatives for any and all kinds of injury, including but not limited to personal injury and/or property damage suffered by myself, while participating in this activity. I understand that the town of Monson nor the Monson school district is not responsible for medical, hospital, emergency room or transportation expenses for any incidental illness or injury to the above named participant.

I certify that the information contained on this form is accurate and complete.

Signature: _____ **Date:** _____

(Parent or guardian if under 18)

