



Mail-in Registration Form

The Zach Attack 5K Fun Run/Walk

Location: Alvirne High School, 200 Derry Rd, Hudson, NH

Date and Time: August 27th Friday at 7:00 pm

Fee: \$30 (Adults 16+)/\$15 (Child 7 to 15)/Free 6 under

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

DAYTIME NUMBER: _____

EMAIL ADDRESS: _____

AGE ON RACE DATE: _____ **GENDER:** M _____ F _____

Waiver Must Be Read and Signed Before Mailing:

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 The Zach Attack Road Race, 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 signature if under 18)

Make Checks Payable To: THE ZACHARY M. TOMPKINS MEMORIAL FUND

Mail Check and This Form To:

GAYELLEN SILVA

62 WIMBLEDON CROSSING

DRACUT, MA 01826

Visit: zacharytompkins.org to make your payment via PayPal.

If using PayPal please notate on form and mail back to address above.



GAYELLEN@COMCAST.NET

WWW.zacharytompkins.org

THANK YOU FOR ALL OF YOUR SUPPORT!!!