COOLEY DICKINSON
VNA & HOSPICE
MASSACHUSETTS GENERAL HOSPITAL AFFILIATE

Check one:
Runner _____ **Walker** _____

HOSPICE MEADOWS RUN REGISTRATION FORM

SATURDAY, SEPTEMBER 29, 2018

5K: 9 AM START 2 MILE WALK: 9:10 AM START

ONLINE REGISTRATION: www.cooleydickinson.org/vnaandhospice

FOR MORE INFORMATION CONTACT: 413-582-5365 or Trina Weiswasser
tweiswasser@cooleydickinson.org

PRIMARY REGISTRANT:

First Name_____ MI _____ Last Name _____

Address _____

City _____ ST _____ Zip _____

Phones: Work _____ Home _____ Email _____

Birth date ____/____/____ Gender: Male _____ Female _____ Write-In _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

OTHER FAMILY REGISTRANTS: Full name	Birth Date

CIRCLE YOUR CHOICE OF EVENT:

5k Individual	$30
5k Family	$80
Individual 2 Mile Walk	$30
Family 2 Mile Walk	$80
CDH Employees 5k Run	$25
CDH Employees 2 Mile Walk	$25

MAKE YOUR CHECK PAYABLE TO: Cooley Dickinson VNA & Hospice

SEE OTHER SIDE FOR MORE INFORMATION…

HOSPICE MEADOWS RUN

Waiver and Release of Liability & Consent

RELEASE FROM LIABILITY (**For Participant and Family)** In consideration of my participation in The Hospice Meadows Run, I hereby, for myself and my heirs, legatees, executors and administrators, and personal representatives, to waive all claims against Cooley Dickinson Healthcare (CDHC) and its affiliates, all corporate and in-kind sponsoring businesses and organizations (including the Tri-County Fair, property owners, and the City of Northampton), their respective employees, trustees, officers, agents, organizers and volunteers involved in the planning, organizing and operation of The Hospice Meadows Run, independent contractors, USA Track & Field and officials from all claims, damages and rights of action, present and future, that may arise out of, or be incident to, any injury I might suffer as a result of participating in the September 2018, Hospice Meadows Run for Cooley Dickinson VNA & Hospice.

If I am under the age of eighteen years (18), then this release shall be signed on my behalf by my parent or guardian. If I am injured, I hereby authorize the Director of the Hospice Meadows Run (or designate) to notify family members of my location and status.

By signing this release, I acknowledge that am in proper physical condition to compete in this event. I understand that it is recommended that I wear light, bright, or reflective clothing. I hereby give my full permission for the Hospice Meadows Run, CDHC for any and all purposes, including without limitation video, still photographs, publication, and any trade or advertising purposes, providing such uses are not made so as to constitute a direct endorsement of any product or service.

I have read the above waiver and release of liability and consent form, and I hereby agree to its terms. I understand that I give up substantial rights by agreeing and do agree voluntarily.

If Participant is a minor, the parent or guardian must agree to the below:

_____	_____	_____
Signature of Participant	**Parent or Guardian (if under 18)**	**Date**

MAKE YOUR CHECK PAYABLE TO: Cooley Dickinson VNA & Hospice

MAIL SIGNED ENTRY FORM AND FEE TO:

Cooley Dickinson VNA & Hospice
C/O Hospice Meadows Run
168 Industrial Dr.
Northampton, MA 01060