



Friends, Families and Alumni of LHS Cross Country Road Race
November 28, 2008 at 10am

Send completed registration form
to:

LHS XC Road Race
c/o Becky Ho
37 Albemarle Ave.
Lexington, MA 02420

Make check payable to:
LHS Track

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone Number: _____

Email Address: _____

Date of Birth: _____

Age on Race Day: _____

Circle your Gender: Male Female

Circle if Current LHS Cross Country Team: Yes No

Circle if Alumni of LHS XC or Track Team: Yes No

Please read and sign waiver:

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 registration form, I, for myself and anyone entitled to act on my behalf, waive and release the event, 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