

**Exeter Hospital's
 United in Wellness Cancer Walk and Trick or Treat Trot 5K and Creepy Crawler Fun Run
 Sunday, October 29, 2017**

Registration Form (One form per individual please; photocopies accepted)

Walk/Trot 5K (Ages 19 and above) - \$25 (through 9/30) <input type="checkbox"/>	Creepy Crawler Fun Fun (ages 10 and under)-\$5 (through 9/30) <input type="checkbox"/>
\$30 (10/1 - 10/27) <input type="checkbox"/>	\$8 (10/1 - 10/27) <input type="checkbox"/>
\$35 (Event Day) <input type="checkbox"/>	\$10 (Event Day) <input type="checkbox"/>
Walk/Trot 5K Student Rate (Ages 18 & under) - \$15 (through 10/27) <input type="checkbox"/>	
\$20 (Event Day) <input type="checkbox"/>	

Walk/Trot 5K - Level of Participant: Competitive 5K Runner (generally 23 minutes or faster) Recreational 5K Runner (> 23 minutes)
 Walker *Information to be used for event start.

<input type="text"/>	<input type="text"/>
Last Name	First Name

Street Address or PO Box

<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip Code

<input type="text"/>	<input type="text"/>
Home Phone	Cell Phone

Email Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth (MM/DD/YY)	Age on 10/29/17	Gender	Preferred T-Shirt Size	Register for Walk/Trot 5K by 9/30 to receive a t-shirt (Adult Sizes Only)			

Create a Walk/Trot 5K Team (will be named as Team Captain) - Team Name: _____

Join a Walk/Trot 5K Team - Team Name: _____

Yes, I would like to make an additional donation of \$ _____ to support Exeter Hospital's Center for Cancer Care.

Additional donations collected enclosed.* Amount: \$ _____

* A link will be sent to each registrant's email address to create your own personal fundraising page. Fundraising is encouraged but not required.

Total Amount Enclosed (Including Registration) \$ _____

**Donations and net proceeds benefit Exeter Hospital's Center for Cancer Care. Exeter Hospital is a 501 (C) 3 Tax-Exempt Organization. Tax ID # 22-2674014
 Please visit www.unitedinwellness.org/trickortreattrot for event information.**

Mail in Registration:

Return completed registration form/liability waiver to Exeter Hospital, Community Relations and Advancement, 5 Alumni Drive, Exeter, NH 03833. Please make checks payable to **Exeter Hospital**.

Cancellation Policy:

Event registrations are non-refundable. Should you no longer be able to participate or the event needs to be canceled due to unforeseen circumstances, refunds will not be given. The event will be held rain or shine.

**United in Wellness Cancer Walk and Trick or Treat Trot 5k
 and Creepy Crawler Fun Run Liability Waiver Form**

I understand that participating in the Exeter Hospital United in Wellness Cancer Walk and Trick or Treat Trot 5K and Creepy Crawler Fun Run (The Trick or Treat Trot) is potentially a hazardous activity. I further understand that an individual should not enter a road race, such as The Trick or Treat Trot, unless he or she is medically able and properly trained. I agree by any decision of a race official relative to my (or my child's or ward's) ability to safely complete the run. I assume all risks associated with my (or my child's or ward's) participating in this event including, but not limited to, falls, contact with other participants, the effects of the weather, including heat or humidity, and roadway and traffic conditions/accidents, all such risks being understood and appreciated by me. In consideration for the acceptance of my entry (or that of my child or ward) in The Trick or Treat Trot, I assume full responsibility for all such risks and any associated injuries or damages and do hereby and forever release Exeter Hospital and its parent, subsidiary, and affiliated organizations and their trustees, officers, employees, and agents from any claims, demands, damages, or causes of action, present or future, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of my (or my child's or ward's) intended involvement with The Trick or Treat Trot.

Further, I grant permission on my behalf (or my child or ward) to any of the foregoing organizations to use any photos, videotapes, database, or any record of this event for any legitimate purpose.

Participant Printed Name	Date	Parent/Guardian Printed Name (if participant under 18)	Date
Participant Signature	Date	Parent/Guardian Signature (if participant under 18)	Date