

**Exeter Hospital's**  
**United in Wellness Cancer Walk and Trick or Treat Trot 5K and Creepy Crawler Fun Run**  
**Sunday, October 27, 2019**

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

|  |                     |                          |                  |                    |                          |
|--|---------------------|--------------------------|------------------|--------------------|--------------------------|
| <u>ADULTS</u>  | \$30 (10/1 - 10/26) | <input type="checkbox"/> | <u>KIDS</u>      | \$8 (10/1 - 10/26) | <input type="checkbox"/> |
|  | \$35 (Event Day)    | <input type="checkbox"/> |                  | \$10 (Event Day)   | <input type="checkbox"/> |
| <u>STUDENTS</u> (Ages 18 & under) - \$15 (through 10/26) |                     | <input type="checkbox"/> | (Age 10 & under) |                    | <input type="checkbox"/> |
|  | \$20 (Event Day)    | <input type="checkbox"/> |                  |                    |                          |

**BIB #**

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

|           |            |
|-----------|------------|
|           |            |
| Last Name | First Name |

|                          |
|--------------------------|
|                          |
| Street Address or PO Box |

|      |       |          |  |
|------|-------|----------|--|
|      |       |          |  |
| City | State | Zip Code |  |

|            |            |
|------------|------------|
|            |            |
| Home Phone | Cell Phone |

|               |
|---------------|
|               |
| Email Address |

|                          |                 |        |  |  |  |  |
|--------------------------|-----------------|--------|--|--|--|--|
|                          |                 |        |  |  |  |  |
| Date of Birth (MM/DD/YY) | Age on 10/27/19 | Gender |  |  |  |  |

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

**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**

**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.

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

|                       |      |   |      |
|-----------------------|------|---|------|
|                       | Date |   | Date |
| Participant Signature |      | Parent/Guardian Signature (if participant under 18) |      |

**FOR OFFICE USE ONLY**

Cash Amount: \_\_\_\_\_ Registration Fee: \_\_\_\_\_

Additional Donation: \_\_\_\_\_ Total Check Amount: \_\_\_\_\_

Check #: \_\_\_\_\_