

BERKSHIRE SOUTH
5KRUN
WALK
Sunday APR 8
Rain or Shine!

All fitness levels welcome! Race t-shirts given to the first 100 paid registered participants. This event is designed for the whole family to enjoy! Complete this registration form and return to the Front Desk or mail to:
15 Crissey Road, Great Barrington, MA 01230

Hosted at the Great Barrington Airport
70 Egremont Plain Road, Great Barrington, MA 01230
Race Day Check-In 8 a.m. **RACE BEGINS AT 9 A.M.**

REGISTRATION FORM PLEASE PRINT LEGIBLY. ONE PARTICIPANT PER FORM. **SIGNATURE REQUIRED.**

Participant's Name _____ Date of Birth _____ Gender: M F

Mailing Address _____ City _____

State _____ Zip _____ Phone _____ Email _____

BSRCC Member _____ Non-member _____

Emergency Contact _____ Emergency Phone _____

Preferred Adult T-shirt Size (T-shirt sizes not guaranteed): SM MED LG X-LG

Pre-registration: \$30 per participant **Until 5:00 p.m. on April 6, 2018**

Registration: \$40 per participant
\$0 for fund-raising participants who have raised a minimum of \$30

Children under 7: FREE with registered parent/guardian. Registration form is required.

Your nonrefundable entrance fee is tax deductible as permitted by law. Money raised will go to support our TONE (Teen Outreach Nutrition Exercise) program and other youth health & wellness programs at Berkshire South Regional Community Center.

METHOD OF PAYMENT:

Cash _____ Check (made to BSRCC) Credit Card: Visa MasterCard Discover

Name on Card: _____

Credit Card # _____ Exp. _____

Questions?

Please contact our Fitness Department at **413-528-2810 ext. 35** or by email at **sleonard@berkshiresouth.org**.

Release of all claims & promise not to sue: As a participant in this and any other program of the Berkshire South Regional Community Center, I recognize and acknowledge that there are certain risks and I agree to assume all such risks, including any damage resulting from physical injuries, loss of services or consortium, loss or damage to property, or any other loss I may sustain as a result of participating in any and all activities connected with or associated with such programs.

In consideration of the Berkshire South Regional Community Center accepting my or my child's registration, and with the intent to be legally bound, hereby, for myself, for my child, all heirs, executors, administrators, and assigns, do hereby forever release, waive and relinquish all claims I have or may have as a result of participating in this and all other programs of the Berkshire South Regional Community Center. Furthermore, I promise not to sue the Berkshire South Regional Community Center and agree to indemnify and hold harmless and defend the Berkshire South Regional Community Center and its officers, agents, servants, employees and insurers from any and all liabilities, claims, demands, actions or causes of action resulting from my or my child's participation in this or any other programs of the Berkshire South Regional Community Center.

By signing this form, I hereby acknowledge that all information contained herein is true and correct and that I may give up legal rights.

Date _____ Signature of Participant _____ Parent Signature (if under Age 18) _____



*Money raised will go to support our **TONE** (Teen Outreach Nutrition Exercise) program and other youth health & wellness programs at Berkshire South Regional Community Center.*