

Bib# \_\_\_\_\_

(For official use only)

## 2018 Hillsboro Balloon Festival OSRAM 5K

### Road Race Entry Form

**All proceeds to benefit the Hillsboro Fire Department, Lions Club  
and Chamber of Commerce**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Gender: (circle one) F M Age on Race Day: \_\_\_\_\_

Age Group: (circle one) 14-19 20-29 30-39 40-49 50-59 60+  
13 & Under (*Registration fee is waived for this age group*)

**Pre-Race Registration (on or before July 12th) \$20.00**

**Race Day Registration Fee: \$25.00**

**(optional) T-shirt: \$15.00**

**Adult Size: (circle one) Small Medium Large Extra-Large**

First 50 paid registrants will get a free t-shirt!

**Additional Donation amount: \$ \_\_\_\_\_**

**(please make checks payable to Hillsboro Balloon Fest and Fair)**

**Mail to: Treasurer, PO Box 1447, Hillsboro, NH 03244**

### Race Waiver

I know that running and/or walking 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 officials relative to my ability to safely complete the run or walk. I assume all risks associated with running and/or walking 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 application, I, for myself and anyone entitled to act on my behalf, waive and release Hillsboro Balloon Fest and Fair, the Town of Hillsboro, Hillsboro Fire Department, Lions Club, Chamber of Commerce, 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 non-refundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature (if under 18): \_\_\_\_\_