

Registration Form

- **Cam's Course - \$25 Fundraising Minimum age 13+ (due by Oct. 19)**
- **5K Run/Walk - \$75 Fundraising Minimum age 13-18 and students; \$100 Adults (due by Oct. 19)**
- **Half Marathon - \$125 Fundraising Minimum age 16-18 and students; \$150 Adults (due by Oct. 19)**
- **All 12 & under free! Suggested fundraising of \$25. *There is a \$15 registration fee for all in-person registrations (Oct. 16th and on).***

Primary Participant Information (Fields marked with an * are required)

First*	_____	Last*	_____	
Age on Race Day*	_____	D.O.B.*	_____	Team: _____
Street Address:	_____	Emer.Contact*:	_____	Emerg #* _____
City:	_____	State:	_____	Zip: _____
Email*	_____	Phone:	_____	Gender (timing) _____

Participation Type:

Adult Half Marathon	<input type="checkbox"/>	Youth/Student Half Mar. 16+	<input type="checkbox"/>	
Adult 5K Run	<input type="checkbox"/>	Youth/Student 5K Run 13+	<input type="checkbox"/>	12 & under 5K Run <input type="checkbox"/>
Adult 5K Walk	<input type="checkbox"/>	Youth/Student 5K Walk 13+	<input type="checkbox"/>	12 & under 5K Walk <input type="checkbox"/>
Cam's Course Adult/Youth	<input type="checkbox"/>	Cam's Course 12 & under	<input type="checkbox"/>	

Performance Shirt Sizing:

YXS <input type="checkbox"/>	YS <input type="checkbox"/>	YM <input type="checkbox"/>	YL <input type="checkbox"/>	YXL <input type="checkbox"/>
WXS <input type="checkbox"/>	WS <input type="checkbox"/>	WM <input type="checkbox"/>	WL <input type="checkbox"/>	WXL <input type="checkbox"/>
MS <input type="checkbox"/>	MM <input type="checkbox"/>	ML <input type="checkbox"/>	MXL <input type="checkbox"/>	M2XL <input type="checkbox"/>

***WAIVER:** I understand that all payments, including, but not limited to, any fees or donations made in connection with CHaD HERO events, organized by Mary Hitchcock Memorial Hospital, for itself and on behalf of Dartmouth-Hitchcock Clinic, operating jointly and referred to herein as "Dartmouth-Hitchcock" to support the Dartmouth Health Children's hospital operated by Dartmouth-Hitchcock, are non-refundable and non-transferable, even if I do not participate in the CHaD HERO event I am registering for. I agree to meet the fundraising minimum for my age and participation category as outlined above by either collecting donations through my online fundraising site, turning in donations raised to Dartmouth-Hitchcock, or making a donation on my own behalf, by Sunday, October 19, 2025. Donations may be made online at chadhero.org or mailed to: Medical & Healthcare Advancement, Dartmouth Health/Geisel School of Medicine at Dartmouth, One Medical Center Drive (HB 7070), Lebanon, NH 03756, or brought in person to (or made via credit card at) the event. If paying a registration fee, I understand and agree that the registration fee I paid does NOT count towards my fundraising minimum and that team fundraising totals do NOT count towards my fundraising minimum. If I have not raised the minimum fundraising amount by Sunday, October 19, 2025, I understand that I am responsible for paying the balance by making payment of the balance to my online fundraising page or by turning in donations at the event. In consideration of my participation in CHaD HERO, and all related activities, I hereby assume all risk of injury and death, and understand and agree that all locations and property use for the CHaD HERO event activities are use at your own risk areas. I agree on behalf of myself, and all my heirs, executors, administrators, personal representatives, agents, and assigns to release and forever discharge Dartmouth-Hitchcock, Dartmouth-Hitchcock Health, and Trustees of Dartmouth College, all sponsors of CHaD HERO events, all volunteers of CHaD HERO events, and all of each of their respective affiliates, related entities, directors, officers, employees, agents, representatives, successors, and assigns from any and all claims, causes of action, or liabilities, known or unknown, in any manner arising from or associated with my participation in activities of, or associated with, the CHaD HERO events. If I am under the age of 18 years, this release and hold harmless agreement is signed on my behalf, and agreed to, by my parent or guardian. I hereby give Dartmouth-Hitchcock full permission for the use of my name and photograph in connection with this event, and agree and understand that Dartmouth-Hitchcock may video, record and photograph CHaD HERO events, and I hereby irrevocably authorize Dartmouth-Hitchcock, Dartmouth-Hitchcock Health, and Trustees of Dartmouth College to copy, distribute, publish for any purpose--via any media, such as websites, printed materials, multi-media presentations, etc.--those videos, recordings, and photographs or any parts thereof.

Signature: _____ Date: _____