



2021 CHaD HERO In-Person 5K Run Registration

Youth In-Person 5K Run Participant (Ages 17 and Under) - \$15 per person

Adult In-Person 5K Run Participant (Ages 18 and Over) - \$30 per person

Please use multiple forms to register more than two people.

First Participant Information	(Fields marked with an * are required.)
<p>*First: _____ *Last: _____</p> <p>*Age on Sept. 26, 2021: _____</p> <p>*Date of Birth: _____</p> <p>Team Name: _____</p> <p>*Address: _____</p> <p>*City: _____ *State: _____</p> <p>*Zip: _____</p> <p>*Email: _____</p>	<p>Phone: _____</p> <p>* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary</p> <p>*What is your average pace per mile for a 5K run? _____</p> <p>*What is your anticipated finish time for this 5K? _____</p> <p>If you plan to run with a partner, please include their name below. <i>*Partners must list the same anticipated finish time.</i> _____</p>
Second Participant Information	(Fields marked with an * are required).
<p>*First: _____ *Last: _____</p> <p>*Age on Sept. 26, 2021: _____</p> <p>*Date of Birth: _____</p> <p>Team Name: _____</p> <p>*Address: _____</p> <p>*City: _____ *State: _____</p> <p>*Zip: _____</p> <p>*Email: _____</p>	<p>Phone: _____</p> <p>* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary</p> <p>*What is your average pace per mile for a 5K run? _____</p> <p>*What is your anticipated finish time for this 5K? _____</p> <p>If you plan to run with a partner, please include their name below. <i>*Partners must list the same anticipated finish time.</i> _____</p>

***WAIVER:**

I understand that all registration fees and donations made to CHaD, the Children's Hospital at Dartmouth-Hitchcock, are non-refundable and non-transferable, even if I do not participate in the event.

In consideration of my participation in the CHaD HERO and all related activities, I hereby assume all risk of injury and, on behalf of myself, my heirs, executors, administrators, and personal representatives, release and hold harmless the organizers, sponsors and volunteers involved in the planning and operation of the CHaD HERO from liability for any injury to me or my property and any and all claims in any manner arising from or associated with my participation whether the liability, loss or damage is caused in whole or in part by their failure to use reasonable care in their activities associated with the CHaD HERO. If I am under the age of 18 years, this release and hold harmless agreement shall be signed on my behalf by my parent or guardian.

I hereby give full permission for the use of my name and photograph in connection with this event.

Date: _____

Signature: _____

Printed Name: _____