

Registration Form:

Name_____

Address_____

City_____

State_____ **Zip**_____

Phone_____

email_____

Age_____ **Gender**_____

Shirt Size: (S, M, L, XL)_____

☐ 1/2 Marathon ☐ 5k Run ☐ 5k Walk ☐ Bike

Mail with check to: Old Stone House Museum
109 Old Stone House Rd.
Brownington, VT 05860

Release Waiver:

I know that participating in a race is potentially hazardous activity. I should not enter unless I am medically able and properly trained. I assume all risks associated with participation in this event, including falls, contact with other participants, the effect of the weather, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of accepting this entry, I, for myself and anyone entitled to act on my behalf, waive and release the Orleans County Historical Society, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.

Signature

Date