

# MAIL IN REGISTRATION

## NHNA Healthy Nurses Scholarship 5k

ADULT :  
5k: \$25 \_\_\_\_\_

STUDENT:  
5K: \$15 \_\_\_\_\_

YOUTH (12 and under):  
5K: \$0 \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GENDER: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_

AGE (under 18 needs parent / guardian signature) \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### WAIVER

The City of Nashua, NH, Total Image Running LLC, The New Hampshire Nurses Association (NHNA), Rivier College, individuals associated with the event, their representatives, assigns, volunteers and race directors and will hold them harmless for any and all injuries suffered in connection with this event. I attest that I am physically fit to compete in this event. Since this is physical activity and an event, injuries and death could occur. Each participant in this event is responsible for themselves and should inform the race director of any physical limitations, which may prevent full participation in this event.

### REFUNDS

There are no refunds. UNDER NO CIRCUMSTANCES WILL A RACE ENTRANT BE ALLOWED TO TRANSFER, SELL OR SUBSTITUTE ANOTHER ATHLETE AT ANY TIME. The event organizer has the right to shorten or even cancel the event if, in his or her judgment, environmental conditions including weather become dangerous; in this situation no refunds will be given.

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

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO:**

**NHNA**

**Mail to:**

**Total Image Running**

**63 Coleman Road, Auburn, NH 03032**