



Friends of Pisgah

First Annual 10K/5K Trail Race/Walk
Saturday, May 24th, 2014 10:00AM



FUN FOR FAMILIES AND ATHLETES
T-Shirts to the first 150 registrants

Friends of Pisgah Membership free to all registrants

Proceeds benefit the Friends of Pisgah in their advocacy of Pisgah State Park.

Course Description: Runners will travel over old jeep roads and single-track trails through a northwest portion of Pisgah State Park. The scenic courses will have water stops, two on the 10K and one on the 5K.

Directions: West: I91, exit 3 to Rt. 9W across bridge approx. 7mi to Rt. 63 S 1.2mi, left Old Chesterfield Rd., .2mi past school and field, bear right onto Horseshoe Rd. for 1.5mi to parking lot. **East:** NH Rt. 9E from Keene, approx. 13mi to Rt. 63 S. Follow directions above.

Registration: Horseshoe Trailhead 8:30-9:45AM

Fee: \$25 individual or \$50 family (two T-shirts maximum)

Payment Options: Cash or Check, payable to Friends of Pisgah Inc.

Send Registration Forms: Friends of Pisgah Inc., P.O. Box 134, Chesterfield, NH 03443-0134

ALL INFORMATION REQUIRED

Individual Registration

First Name: _____
Last Name: _____
Gender: Male/Female Age: _____
Race: 5K 10K
Shirt Size: S__ M__ L__ XL__
Address: _____
City: _____
State: _____ Zip: _____
Emergency Contact: _____
Tel. No. _____

Family Registration

Family Name: _____
If more space is needed use back
#1: _____ M/F Age: _____
#2: _____ M/F Age: _____
#3: _____ M/F Age: _____
Participant # _____ Shirt: S__ M__ L__ XL__
Participant # _____ Shirt: S__ M__ L__ XL__
Address: _____
City: _____
State: _____ Zip: _____
Emergency Contact: _____
Tel. No. _____

I hereby assume the risk of participation in this race and waive, release, discharge, and agree not to sue, from any and all liability for my death, disability, personal injury, property damage, property theft, or action of any kind as a result of my participation in or travel to or from this event, the following organizations and its members: Friends of Pisgah Inc. et al, the State of New Hampshire and their officers, directors, employees, representatives, agents, and volunteers.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Parent Signature if under 18: _____ **Date:** _____

NOTE: If registering multiple participants, ALL must sign waiver.