

# ERIN ROBERTS MEMORIAL HANOVER 5-K ROAD RACE & WALK

SATURDAY, JUNE 27, 2009

9:00 A.M.

PROCEEDS BENEFIT THE  
NATIONAL NIEMANN-PICK DISEASE FOUNDATION



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Start Time: 9:00 a.m.  
Start Location: St. Mary's Church, Route 139, Hanover, Mass.  
Please park at Sylvester Field.  
Finish: Hanover Town Hall  
Distance: 5 kilometers (3.1 miles)  
Entry Fee: \$15.00  
Course: One large loop that is mostly flat - only four turns  
Age Groups: 19 & under; 20-29, 30-39, 40-49, 50-59, 60-69, 70+  
Awards: Medals to top three male & female finisher in each age group  
Amenities: Automated timing, one water stop  
T-Shirts: To all runners pre-registered by June 5, 2009  
Title Sponsor: Hanover Chamber of Commerce  
Directions: From points north or south, take Route 3 to Exit 13. At the end of the exit turn south on Route 53. Follow to Route 139 and turn right (west) for 2 miles to Sylvester Field.  
Contact: Call (781) 826-1300 or e-mail: bcassidy@healthtrax.net

2009 Erin Roberts Memorial Hanover 5-K Road Race & Walk - June 27, 2009 - Official Registration Form  
Makes checks payable to: "Hanover Chamber of Commerce"

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender:  Male  Female Age on race day: \_\_\_\_\_

T-Shirt Size: S M L XL (Circle one. Must pre-register by June 6, 2009 for t-shirt.)

#### Waiver Must Be Read and Signed Before Mailing:

I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on the course, all such risk being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release the Hanover Chamber of Commerce, the Town of Hanover, and all event officials, sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. All fees are nonrefundable.

Signature

Date

Parent's Signature if under 18

Mail to: Hanover 5K, c/o Healthtrax, 20 East Street, Hanover, MA 02339