



2016 4th Annual

Hip Hop



Sat August 20, 2016
9:00 am Oliver Ames
High, N. Easton, MA

healthy hips *for life*

Improving the health and quality of life for those affected by hip dysplasia

Registration Starts: 7:30 am

Proceeds will
benefit the:



INTERNATIONAL
HIP DYSPLASIA
INSTITUTE



benefiting
Boston Children's Hospital
Until every child is well™

Name: _____ Email: _____

(Please Print)

Age (On Race Day): _____ Birthday: ___/___/_____ Sex: M F Phone: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip Code: _____

5k Run: Adult: _____ Child: _____ 10k Run: Adult: _____ Child: _____ 2 Mile Walk: Adult: _____ Child: _____

Tee- Shirt Size: (Guaranteed to the first 350 registrants) S _____ M _____ L _____ XL _____

Participant Waiver:

I acknowledge that running [volunteering for] a road race is a potentially hazardous activity, which could cause injury or death. I will not enter or participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/ or humidity, traffic, and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates, roller blades, and animals are not allowed in the race and I will abide by all race rules. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Hip Hop 5K/10K, the city of Easton, the International Hip Dysplasia Institute, Boston Childrens Hospital, USATF and all event 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. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

Signature: (Legal Guardian if Under 18) _____ Date: _____

_____ Enclosed is my \$20 registration (\$25 day of) _____ Enclosed is my tax deductible donation of _____

Mail all completed forms to: Hip Hop 5k/10k, Attn: Emily Cioffi 5 Cosma Road North Easton, MA 02356

Please contact us at hiphop5krunwalk@gmail.com with any questions regarding registration, the event itself, as well as any volunteer and sponsorship opportunities.



Find us on Facebook (Hip Hop 5K) and online at hiphop5k/10k.org

