

The Great Hyannis Road Races



SUNDAY, MAY 27TH, 2018

**** DO NOT MAIL OUT AFTER 5/15/18 ****

ON OR BEFORE 5/1/18

- Half Marathon: \$57 + \$.86 insurance fee = \$57.86
- 10Km+: \$45 + \$.68 insurance fee = \$45.68
- 5Km: \$37 + \$.56 insurance fee = \$37.56

AFTER 5/1/18

- Half Marathon: \$62 + \$.93 insurance fee = \$62.93
- 10Km+: \$50 + \$.75 insurance fee = \$50.75
- 5Km: \$42 + \$.63 insurance fee = \$42.63

Your Name: _____

Address: _____

Town/State & Zip Code: _____

Phone Number: _____

E-Mail Address (Required): _____

DOB: ___/___/___ **Age on Race Day:** _____ **Sex:** _____ **Weight for Weight Divisions (Optional):** _____

(For the 5Km ONLY) If you're a Police Officer, state the name of your Department: _____

Event Tee Shirt Size (Circle One): Men's S Men's M Men's L Men's XL Men's XXL
Women's XS Women's S Women's M Women's L Women's XL Women's XXL

Emergency Contact Name: _____ **Phone:** _____

Running Club (No Abbreviations, please): _____

How Much Money Have You Enclosed: _____

WAIVER: In consideration of my acceptance of this entry I intend to be legally bound, hereby for myself, my heirs, executors and administrators waive and release any and all claims for personal damage I may have against the city of Hyannis, MA, where the event is being held in, volunteers, organizers, B.A. Event Promotions, Somerville Striders Athletic Club, Paul Collyer, all sponsors of the race, and I attest and verify that I am physically fit and sufficiently trained for this event on May 27, 2018. I also understand that there are no refunds or transfers regardless of the circumstances. I also understand that I must pick up at the race exposition on Saturday and Sunday of race weekend any merchandise I am ordering at the merchandise booth-and that I will not expect the race organizers to mail to me because I could not attend or I neglected to pick up. I also understand that B.A. Event Promotions will not issue any refunds for this event, but that imATHLETE will provide a full refund of my registration fee should this event be cancelled or postponed for a covered reason and not rescheduled within 90 days.

Date: _____

Signature/Signature of parent if under 18: _____

ALL SPACES MUST BE FILLED OUT, OR APPLICATION WILL NOT BE ACCEPTED.

**Please address all checks and money orders to: B.A. Event Promotions
and mail to: B.A. Event Promotions, 32 Sprague Street North Billerica, MA 01862**