

Greenfield Winter Carnival

2012 Sleigh Bell Run

4 Mile Road Race



DATE SATURDAY FEBRUARY 4, 2012
TIME Race starts at 10:00AM, 4 Miles
REGISTRATION 8:45 – 9:30AM at the Greenfield Public Library, LeVanway Meeting Room, 402 Main Street. Enter at the back of the Library.
PARKING Public Lot - Main St, or behind YMCA & Franklin County Courthouse (Hope St.)
ENTRY FEE \$15.00 if pre-registered by 3:00PM Friday, January 20, 2012
 \$20.00 on race day. Youth under the age of 18 are half price.
COURSE Starts & ends on Hope St.-Scenic course through Highland Park Area
AMENITIES Winter Carnival T-shirts (and sleigh bell bracelet!) for the first 75 entrants.
 Age-group awards & post-race refreshments at the LeVanway Meeting Room.
 Dress up to show your Winter Carnival Spirit! Prize for best outfit!

Weather/Cancellation Information: If extreme weather conditions force cancellation, it will be announced on WHAI radio (98.3 FM/1240 AM) and will be on the Recreation Department's answering machine (413) 772-1553 by 7:45AM on race day, on Greenfield Recreation Facebook page, and on webpage: http://www.greenfield-ma.gov/Pages/GreenfieldMA_Recreation/WinterCarnival

If a friend or family member is interested in volunteering, please let us know ASAP. Thanks!
 Phone: (413) 772-1553 or email: christym@greenfield-ma.gov

WINTER CARNIVAL 2012 SLEIGH BELL RUN ENTRY FORM – Please Print

Name _____ Gender _____ DOB _____ Age on race Day _____

Address _____
 No. Street City/Town State Zip Phone

Email for race changes/notification _____

Check appropriate box:

4 Mile Run	Under 19	19-29	30-39	40-49	50-59	60+
Male						
Female						

Send Entry Form and Payment to:
 Greenfield Recreation
 20 Sanderson St.
 Greenfield, MA 01301

Release and Waiver Agreement: I the undersigned do hereby consent to my or my child's participation in voluntary athletic or recreation programs of the Town of Greenfield Recreation Department. I also agree to forever release the Town of Greenfield, the Recreation Commission, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Greenfield ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child and/or myself or property damage resulting from my child's participation and/or my participation in the Town of Greenfield Recreation Department voluntary athletic or recreation programs. **Consent:** I hereby consent to and authorize Greenfield Recreation Department the right to publish, reproduce and use for advertising or any other purpose, any photograph, video image, an audio recording or other likeness of my child or family member. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation and/or my participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town of Greenfield Recreation Department's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town athletic or recreation programs.

PRINT NAME OF PARENT OR GUARDIAN _____ DATE _____

SIGNATURE OF PARTICIPANT, PARENT OR GUARDIAN _____

FORM OF PAYMENT Cash Check Ck # _____ Discover Visa Mastercard (Add \$5 for all Credit Cards up to \$500 transaction)
 Account # _____ Exp. Date _____ / _____

OFFICE USE ONLY
 Paid _____ Entered _____