



# Mighty Meehan 5k Run/Walk

## September 10 a.m.

**Start and Finish at West Dennis Beach**  
[www.mightymeehan.com](http://www.mightymeehan.com)

Name: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Category: Runner / Walker      Age: \_\_\_\_\_      Sex: M    F

Pre-registration Fee:      Adult= \$25      Children 12-17= \$10      Children 7-11 \$5  
Race Day Registration Fee: Adult =\$30      Children 12-17= \$10      Children 7-11 \$5

(Each individual family member must complete a separate registration/release form including children 12 and under)  
 Please indicate if you are a member of the following.

Fire Fighter:	Police Officer:	Military:	Dispatcher:
Department:			
Team Name:			

T-Shirt \$20:

S:	M:	L:	XL:
----	----	----	-----

I would like to donate \$ \_\_\_\_\_ above the amount of the race/merchandise costs to the Turlough Meehan Research Foundation. All money raised will go to the infant ALL research program at Dana Farber Cancer Institute Boston.

Race Fee:	T-shirt:	Donation:	Total:
-----------	----------	-----------	--------

Make Checks Payable to: The Turlough Meehan Research Foundation  
 Mail to: P.O. Box 586 West Dennis, MA 02670  
 Received by September 7<sup>th</sup> for mail in

I, the undersigned, am responsible for coverage of any injury or damage that occurs to me and/or my property as a result of my participation in the Mighty Meehan 5K Road Race (the "Event") and I agree to **assume all risk** in connection with my participation in the event. I attest that I am physically fit to compete in the Event. I understand that participation in the Event is voluntary and the inherent dangers of the Event, if any, including, but not limited to, the effects of the weather and the conditions of the course, vehicular traffic, contact with other participants, injury, illness, and even death, are fully understood.

I hereby grant permission for photographs, videos, and other images to be taken during the Event and assign all rights to those items to the Dana-Farber Cancer Institute, Inc. ("DFCI") as applicable. I understand that my image and likeness may be used by DFCI and/or their respective designees in connection with their advertising, promotional and marketing activities, and other purposes authorized by DFCI including, but not limited to use in photographs, direct mail marketing, print advertising and on posters, billboard advertising and the internet all without compensation.

I hereby for myself, my heirs, executors and administrators, waive, release and forever discharge DFCI and all other respective affiliated persons and entities, officers, directors, employees, sponsors, coordinating groups, agents, volunteers, representatives, heirs and assigns of all the foregoing, and all others in any way associated with the Event (collectively, the "Released Parties") from and against any and all injuries or damages I may sustain in connection with the Event, as well as any and all other liabilities or claims of whatever nature or description, in equity or at law, which I, my spouse, or my child may have against any of them relating to the Event. This release shall be binding even if the risks and liabilities that are being released by this document arise out of the negligence or carelessness of one or more of the Released Parties. I further agree to defend, indemnify and hold harmless, the Released Parties from, for and against any and all demands, claims disputes, actions, causes of action, liabilities, losses, damages, penalties, recoveries, judgments or executions, costs and expenses, of any kind, arising in connection with my participation in the Event. This release shall take effect as a sealed instrument and shall be governed by the laws of the Commonwealth of Massachusetts.

I hereby attest that I have read, fully understand, and agree without exception to all the provisions, releases, and waivers outlined in this Participant General Release and Agreement. I understand that this document is a legally binding document that limits the legal liability of the Released Parties. I attest under penalty of fraud, that I am at least 18 years of age, and if I am signing for a minor, that I am the minor's parent or legal guardian.

Participant's/Parent's/  
 Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_  
 Parent/Guardian (Circle One)

**\*\*Note:** A legal guardian must be appointed or approved by the court. For example, a camp counselor or school chaperone is not a legal guardian for children under his or her supervision.

**This release must be signed prior to participation in the Event.**

For Registration Questions? Please Contact bob@mightymeehan.com Tel:508-400-6093