



## 5K Road Race

North Andover High School

*Please print neatly and fill out completely*

---

First and Last Name

---

Street Address

---

City, State and Zip Code

---

Email Address

Cellphone #

**Gender:**  Male  Female

**Age Group:**  14 and under  15-19  20-29  30-39  40-49  
 50-59  60+

**Shirt Size: Adult**  Small  Medium  Large  XL

**NAHS Graduate?**  Yes or  No **Year of Graduation** \_\_\_\_\_

**Registration Fees:** \$40 for 5K walk-in Adult \$30 for 5k walk-in Students (18 and under)

### ***Waiver of Liability***

In consideration of this entry being accepted, I hereby for myself, heirs and administrators, waive and release any and all rights and claims for damages that I may have against the directors, sponsors, and any others associated with this race for any and all injuries suffered by me before, during and after this event.

---

**Signature (Parent's signature if under 18 years of age)**