

# Contoocook Carry Mail-in/Same Day Registration Form

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Age: \_\_\_\_\_  
 City: \_\_\_\_\_ St: \_\_\_\_\_ Zipcode: \_\_\_\_\_ Male  Female  Other   
 Email Address: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

## *Tell Us Your Amazingly Creative Team Name*

### Team Members—Specify shirt size as S, M, L, or XL

Name	Age	Shirt	Name	Age	Shirt	Name	Age	Shirt
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

### Please enter the number for each age group and total cost for each.

Adults (18+ yrs.): \_\_\_\_\_ x \$25 = \$ \_\_\_\_\_      Youth (10-17) \_\_\_\_\_ x \$10 = \$ \_\_\_\_\_  
 Child (9 and younger): \_\_\_\_\_ x \$1 = \$ \_\_\_\_\_      Youth Teams (4 or more): \_\_\_\_\_ x \$5 (per participant) = \$ \_\_\_\_\_

### Additional Donations

*Tax-deductible matching funds from employers, sponsor gifts and pledges gratefully accepted.*

Additional Donation For Fuel Assistance: \$ \_\_\_\_\_  
 Total enclosed: \$ \_\_\_\_\_

**Make Checks out to: Contoocook Carry Community Fund**  
**Mail Entry to: Mary Congoran, 362 Old Holmes Road, Hopkinton, NH 03229**

Waiver Must Be Read and Signed Before Mailing: I know that running, paddling, and biking are potentially hazardous activities. I should not enter this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the triathlon. I assume all risks associated with running, paddling or biking in this triathlon including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road, the Contoocook River, traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release the Board of The Contoocook Carry Community Fund, their representatives and successors, The Norma Herrick Estate and its heirs, and The Thomas Kerins Estate and family, Hopkinton Schools and the SAU District, and the town of Hopkinton from all claims or liabilities of any kind arising out of my participation in this event, as well as claim of loss or damage of personal property, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. All fees are nonrefundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_