

**Bobby Doyle Summer Classic 5 Mile Race/5k Walk**

Mail in Registration Form

August 9, 2020

(Deadline for mail in registration: received by August 7, 2020)

(Please print clearly)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Circle gender: male female

Emergency contact: \_\_\_\_\_ Emergency contact phone: \_\_\_\_\_

Make check payable to: The Bobby Doyle Foundation, Inc.

Mail registration to: Linda Hurteau, 16 Collation Circle, North Kingstown, RI 02852

RUN			
Adult Fee		Student Fee (high school or younger)	
<input type="checkbox"/>	Before June 15:	\$20	<input type="checkbox"/>
<input type="checkbox"/>	June 16-August 7:	\$25	<input type="checkbox"/>
			Before August 1: \$15
			August 2-7: \$20
WALK			
	Before July 1:	15	
	July 2-August 7:	\$20	

**Waiver:** In consideration of acceptance of this entry, I hereby for myself, heirs, executors and administrators, waves and release any and all rights and claims for damages I may have against the Bobby Doyle Foundation, Inc. and its respective parents, subsidiaries, affiliates, successors and assigns, the Town of Narragansett, The State of Rhode Island, USATF, sponsors, race officials, organizers and volunteers associated with this event for any injury that may occur as a result of my participation. Further, I agree that any pictures or photographs taken of me by The Bobby Doyle Foundation, Inc. or their respective agents in connection with this event are owned by The Bobby Doyle Foundation, Inc., and I waive all rights to inspect or approve the final product. I hereby irrevocably grant to The Bobby Doyle Foundation, Inc. or their respective assigns the right and permission to use or license the use of my name, likeness, voice, image of photograph gathered in connection to this event in any media or any manner for the purpose of promotion of The Bobby Doyle Foundation, Inc. and their programs including this event.

\_\_\_\_\_  
Signature (if over 18)

\_\_\_\_\_  
Signature of parent or guardian (for participants Under 18) I confirm that I am the legal parent or guardian of the minor named above. I consent to the foregoing on behalf of such minor and personally join in the affirmation of representations set forth above.