

**Annual Oak Bluffs Memorial Day
5 Kilometer Road Race and One Mile Family Fun Run**

In consideration of this entry being accepted, I, for my heirs, executors, administrators, waive and release any and all claims for personal damages I may have against the organizers, the Town of Oak Bluffs and sponsors of this race and I attest and verify that I am physically fit and have sufficiently trained for this event.

Signature _____

Signature of parent/guardian (if under 18) _____

T-Shirt size S___ M___ L___ XL___

Event: 1 mile Fun Run___ 5K Walk___ 5K Race___

___ **Please x if this is a new mailing
address or your first Oak Bluffs Race.**

LAST NAME

FIRST NAME

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CITY

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FEMALE

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Please bring the signed entry form to the race registration or mail to Hopice of Martha's Vineyard, Box 2549, Oak Bluffs, MA 02557 with a check for \$15.00 payable to Hospice of Martha's Vineyard.