

PLEASE MAKE CHECKS OUT TO: My Breast Cancer Support  
 You can also pay by credit card.

## Celebrate *Pink* 5K Run & Walk

Sunday, September 15, 2019 at 9:00 AM (registration opens at 7:30 am)

Portsmouth Middle School \* Parrott Avenue \* Portsmouth, NH

### SELECT REGISTRATION TYPE

\$35 adults    \$20 youth (under 14)    \$50 *pink star*

\* Pink Star participants receive a special pin and t-shirt as a thank you for their added support.

#### **NOTE ABOUT PINK STAR REGISTRATIOINS:**

Because we had to order t-shirts in advance, it is possible that those registering as a pink star today may not receive a shirt.

NAME:			
ADDRESS:			
CITY / STATE / ZIP:			
EMAIL:	<b>Please provide your email so we can send you information about the 2020 CP5K!</b>		
AGE TODAY:	<input type="checkbox"/> Female <input type="checkbox"/> Male	ARE YOU A BREAST CANCER SURVIVOR? _____	
TEAM NAME:	(if applicable)		
DONATION:	<b>Please consider making a donation to support local patients: \$</b>		

**WAIVER:** I understand that running a road race is a potentially hazardous activity. I should not enter and run 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 run. I assume all risks associated with running this event including, but not limited to falls, contact with other participants, the effect of the weather, including high heat or humidity, traffic and the conditions of the road, all such risk being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I for myself and anyone entitled to act on my behalf, waive and release My Breast Cancer Support, the City of Portsmouth, and all race sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.

\_\_\_\_\_  
 Signature (If under 18 parent/guardian must also sign)

\_\_\_\_\_  
 Parent / Guardian