

Entry Form

Please print (block capitals) and fill out completely.

First Name _____

Last Name _____

Date of Birth ____/____/____ Age on 10/1/22 M F

Street Address or PO Box _____

City _____

Home Phone _____

Email Address _____

Early registration postmarked by 8/29/22

Free Long Sleeve T-Shirt if registered by 8/31/22

Unisex Size _____ (XS to 2XL)

Pasta Dinner 9/30/22 5-7 pm \$10 per person \$ _____

Fees:	By 8/29/22	By 9/27/22	Race Day
Marathon	\$80 _____	\$90 _____	\$100 _____
Half	\$60 _____	\$70 _____	\$80 _____
10K	\$40 _____	\$50 _____	\$60 _____

Make checks payable to:
NHMarathon

Donations for Our Charities _____

TOTAL _____

All Entries Non-Refundable

How did you hear about us? _____

Release and Waiver: In consideration of the acceptance of this entry, I do forever release the Bristol Recreation Advisory Council, the towns of Alexandria, Bridgewater, Bristol, Ganton, and Hebron, the State of New Hampshire, the NEAC and all sponsors, volunteers and organizers of the New Hampshire Marathon, Half Marathon, 10-Kilometer Road Race, and Health Walk from any claims whatsoever arising from my participation in this event. I attest that I am physically fit and sufficiently trained to compete in this event. No refunds will be given. The race director reserves the right to reject any entry and to shorten or cancel the event if environmental or other safety conditions so dictate. Participants may be subject to formal drug testing in accordance with USATF rules and IAAF Rule 144. Information regarding drugs and drug testing may be obtained by calling the USOC Hot Line at 1-800-233-0393.

Date _____

Signature _____

Parent/Guardian _____

(must also sign if competitor is under 18 on race day)