



**MID-STATE
HEALTH CENTER**



Rotary
Club of Bristol, NH 

NH KIDS' MARATHON

INFORMATION PACKET

Saturday, October 3rd as part of the NH Marathon!

WHO : This FREE event is being offered to all children in grades K-8 are eligible to participate. Parents are highly encouraged to participate by logging miles with their children.

WHY : To promote physical fitness, nutritious eating, and an overall healthy lifestyle.

WHAT : The goal is to log 25.2 miles of running/walking/activity PRIOR to the Kids' Marathon, and then to participate in the race in Bristol, NH to complete the **final mile** at the NH Kids' Marathon sponsored by Mid-State Health Center and the Bristol Rotary Club.

WHEN : Race Day is Saturday, October 3, 2026

Check-in will begin at 8:00 am – at Kelley Park by Tennis Courts in Bristol - Race begins just after at 9:00 am

*Race Start is at the Old Mill Parking Area by the Multi-Use Path in Bristol, NH. (*kids will be bused to the start)

Download Mileage Sheet, Participation Packet and get registered FREE online at nhmarathon.com

Celebration immediately after the race at Kelley Park to recognize this INCREDIBLE achievement for all children who complete the Kids' Marathon.

WHERE : Running can happen anywhere . . . in a neighborhood, at the beach, at the ball field, or a local track. Students need to be sure they are running in a safe place. Parents need to know where their children are when running/walking. Everyone needs to stay safe.

HOW : Kids can run/walk with mom, dad, brother, sister, or friend. The buddy system keeps kids safe and offers encouragement to all. Wear a good pair of sneakers and try to keep one pair just for running. Encourage kids to talk while they run. This will help them maintain an appropriate pace. It is important for kids to eat right, stay hydrated, and get plenty of sleep. The TTCC in Bristol is offers a running club during the summer, for more information visit their website at ttccrec.org or call at 603-744-2713.

Pre-registration recommended!

Complete registration form or register online at nhmarathon.com

The first 50 registered will get a Free T-Shirt & special marathon finisher's medal! Only those with completed mileage logs will qualify for the first-place age category trophies.

For more information, contact the NH Marathon: race@nhmarathon.com or 744-2713

*****This is not a school-sponsored event*****



NEW HAMPSHIRE MARATHON



30 North Main Street, Bristol, NH 03222
 Phone: (603) 744-2713; Fax: (603) 744-3502
 Email: race@nhmarathon.com Web: nhmarathon.com



KIDS MARATHON PARTICIPANT(S) INFORMATION

Full Name _____ Town/City of Residence _____
 Birth Date ____/____/____ Male ____ Female ____ Shirt Size _____ (Youth SM - Adult LG)

Full Name _____ Town/City of Residence _____
 Birth Date ____/____/____ Male ____ Female ____ Shirt Size _____ (Youth SM - Adult LG)

Full Name _____ Town/City of Residence _____
 Birth Date ____/____/____ Male ____ Female ____ Shirt Size _____ (Youth SM - Adult LG)

FAMILY INFORMATION

Parent/Guardian _____ Cell Phone _____
 Mailing Address _____ City _____ State ____ Zip _____
 Email Address _____ Alt. Phone _____ (optional)

Alternate Contact _____ Relationship to Participant(s): _____
 Cell Phone: _____

RELEASE AND WAIVER / PHOTO RELEASE

In consideration of the acceptance of this entry, I do forever release the Bristol Recreation Advisory Council, the towns of Bristol, 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 Kids Marathon from any claims whatsoever arising from my and/or my child's participation in this event. I attest that my child and I are physically fit and sufficiently trained to compete in this event. 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. I give permission for the staff or volunteers of this event to contact the rescue squad for assistance and/or transportation to the nearest medical facility, should an injury occur which in their opinion requires medical attention. If none of the above-mentioned contacts can be reached, I hereby give permission to the attending physician to administer whatever care he/she deems necessary for the safety of myself or my child. I give my permission to have my child's photo taken during this program and used for publicity purposes by the NH Marathon. I have read this Indemnity agreement and understand its terms.

X _____
PARENT/GUARDIAN SIGNATURE **DATE**

COMPLETE THIS REGISTRATION FORM OR REGISTER ONLINE AT NHMARATHON.COM

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