



BOBBY DOYLE SUMMER CLASSIC 5 MILE RACE

2017 MAIL-IN REGISTRATION FORM

See www.bobbydoylerraces.com for race details

(PLEASE PRINT CLEARLY)

First Name: _____ Last Name: _____ Age: _____

Circle Gender: Male Female

Street: _____ City: _____ State: _____ Zip: _____

Email: _____ Emergency Phone: _____

Circle T-Shirt Size: Small Medium Large Extra Large

- Individuals:** \$25 before June 1; \$30 from June 1 to Aug. 11; \$35 on race day, Aug. 13.
- High school students:** \$15 before June 1; \$20 from June 1 to Aug. 11; \$25 on race day, Aug. 13.
Name of High School: _____
- USATF-NE Team Discount:** \$5 off the \$30 pre-entry fee for members of valid USATF-NE Teams registering between June 1st and August 11th. (Team individuals must also be valid members of USATF-NE.)
DEADLINE FOR TEAM REGISTRATION IS FRIDAY AUGUST 11th. Teams will not be able to register on Race Day.
USATF-NE Team Name: _____
USATF Membership Number: _____

Make Checks payable to: The Bobby Doyle Foundation, Inc. **Amount Enclosed:** _____

Mail entry and payment to: Bobby Doyle Summer Classic, 16 Collation Circle, North Kingstown, RI 02852

MAIL-IN ENTRIES MUST BE RECEIVED NO LATER THAN FRIDAY 8/11/2017.

Waiver: *In consideration of the acceptance of this entry, I hereby for myself, heirs, executors, and administrators, waive 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 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 or photograph gathered in connection with this event in any media or manner for the purpose of promotion of the Bobby Doyle Foundation, Inc. and their programs, including this event.*

Signature

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 affirmance of representations set forth above.