



MONTAGUE PARKS & RECREATION DEPARTMENT

56 First St.

Turners Falls, MA 01376

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Office Hours: Mondays – Fridays; 8:30am – 4:30pm

www.montague.net



Annual
SAWMILL RIVER 10K RUN

A New Years Tradition

Wednesday, January 1, 2020

10:00am Start

Race Day Check-in/Registration begins at 9:00am
Montague Common Hall, 34 Main St., Montague, MA 01351
(adjacent to Common)

Divisions: YOUTH: 17 yrs. & Under OPEN: 18 - 39 yrs.
MASTER: 40 - 49 yrs. SENIOR: 50 - 59 yrs. SENIOR +: 60 yrs. & Up

Entry Fees: \$30.00 (Until Dec. 31 @ Noon), \$35.00 (thereafter)

[Official timing will be done by Velocity Results!]

Participants may also register on-line @ <https://www.runreg.com/sawmill-river-10k-run>

“Like” the Sawmill Run on Facebook!

- ◆ Long-sleeve T-shirts to the first 100 registrants
- ◆ Refreshments available while supplies last
- ◆ The course is open to normal vehicular traffic
- ◆ during the race.

This event benefits MPRD's Sponsor-A-Child Scholarship Program.

USATF Sanctioned #: 20-02-016

(Please detach and mail in with payment)

Sawmill River 10K Run Registration – January 1, 2020- Please make payment out to: “Town of Montague”
Fee: _____ \$30
Day of Race: _____ \$35

Name: _____ / _____ Age Day of Race: _____ D.O.B. ____/____/____ Gender: _____
Last First

Address: _____ T-shirt Size: _____ Adult: S/M/L/XL

Mailing Address: _____
(If different from above)

Home Phone Number: (_____) _____ E-mail Address: _____
(write clearly)

Medical/Emergency Information (Required):

Name and number of Person(s) YOU designate for us to contact DURING PROGRAM TIME in case of any emergency, or, in case of a child, if the parents cannot be reached:

Name: _____ Phone #: (_____) _____

Name: _____ Phone #: (_____) _____

1.) Do any of the participants have any medical conditions we should know about? Yes / No. If “Yes”, please indicate below AND discuss with the Director: _____

2.) Are any of the participants currently taking any medications? Yes / No. If “Yes”, please indicate below AND discuss with the Director: _____

3.) In an emergency situation, where we are unable to reach you, DO YOU GIVE PERMISSION for the individual registered to be treated at a hospital? Yes / No

I, hereby, give permission for the individual(s) mentioned above to be photographed to help promote Montague Parks & Recreation Programs: Yes No

I acknowledge that in enrolling my child or myself in the above programs, he/she has my permission to participate in all activities associated with the programs) and that I, for my own account, and on behalf of both child and parents for any registered child, hereby agree to release, remise, indemnify and hold harmless the Town of Montague, Parks & Recreation Department, Montague Common Hall, all of their officers, staff and agents, from any claim of liability related to any accident, injury, incident, illness or loss that may occur during above programs:

(Participants must also complete a separate USATF Waiver form either during event check-in or request one in advance)

Signature: _____ Date: _____
(If participant is under the age of 18, the signature must be provided by a parent or legal guardian)

OFFICE USE ONLY - Payment Method: Cash / Check / Money Order Check/Money Order #: _____
Date of Payment: _____ Office Personnel: _____