

**Mail-in Registration Form**  
**Mail to: Kelly Flynn**  
**25 Concord Street, Charlestown, MA 02129**

Individual Membership \$35, Family \$50

Make check payable to: **Revolutionary Running Company**

**Name:** \_\_\_\_\_

**Address 1:** \_\_\_\_\_

**Address 2:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Daytime phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Gender: M F**

**Shirt Size: S M L XL**

**Waiver must be read and signed before mailing:**

I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I agree to abide by any decision of a club director relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to, falls, contact with other participants, the effects of weather, including cold, snow and/or ice, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release the event organizers, volunteers and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even if that liability may arise out of negligence on the part of the persons named in this waiver.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



★ All abilities

★ All speeds

★ Drinks, food  
& fun to follow

**Wednesday Night Runs**

**6:30pm start and finish at  
Ironsides Grille, 25 Park  
St., Charlestown MA**

