

# OFFICIAL ENTRY FORM • RETURN POSTAGE REQUIRED

Detach and mail Entry Form to: FITNESS UNIVERSITY, c/o GATE CITY STRIDERS, INC., P.O. Box 3962, Nashua, NH 03061

Last Name	First Name	Initial	Age On 7/12/03	Year of Birth
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Street Address	City / Town	State	Zip Code	M F
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Telephone

**T-SHIRTS - CHILDREN SIZE**     XS     S     M     L     XL

**WAIVER**  
I know that running in a foot race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decisions of an official 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 the weather, including high heat and or humidity, and conditions of the track surface, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry I, for myself and anyone entitled to act on my behalf, waive and release Gate City Striders, Inc., and Southern New Hampshire Medical Center, The City of Nashua, invited guests, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participating in this event. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, for any other record of this event for any legitimate purpose.

\_\_\_\_\_  
Parent / Guardian's Signature    Date

Please send my family information about the GATE CITY STRIDERS  
 I have completed Fitness University \_\_\_\_\_ times