

Student Name: _____ School: _____ Teacher: _____ Gr _____



HILLTOP HUSTLE

Hilltop Hustle 5K Student Sponsor Form

The Parent Teacher Associations of the Somersworth schools are hosting the 3rd annual Hilltop Hustle 5K on Saturday, June 18, 2016. Our goal for this fundraiser is to strengthen relationships between our schools and the community while promoting the importance of health and wellness. All proceeds from this event will benefit Somersworth Middle School PTA, Maple Wood PTA, and Idlehurst PTA. Thank you for your support!

Please fully complete registration form(s) on back. Registrations received without payment will not be accepted. Please make checks payable to: Somersworth Middle School PTA

- Registration fee for participants 12 and under: \$25.00 (\$5 for child, \$20 for adult. Participants 12 and under need to be accompanied by an adult).
- Registration fee for participants 13 and older: \$20.00. **(Under 18 years old MUST have parent/guardian signature to be accepted)**

	Name	Email Address or phone	Donation Amount	Payment
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
			Adult/Child Registration Fees Collected:	\$
			Addition Donations received (if applicable):	\$

Total: \$



HILLTOP HUSTLE | 5K ROAD RACE

June 18th, 2016 | 8:30 AM | Somersworth High School
18 Cemetery Road Somersworth, NH

\$20 Pre-Registration; \$25 Day of Registration
\$5 Registration for 12 and under

(Must be Accompanied by a Registered Participant 18 Years or Older)

**T-shirt guaranteed to first 200 registrants
registered by May 15, 2016**

presented by 
Family Care of Somersworth
A department of Frisbie Memorial Hospital

Racer Registration

Name: _____ Gender: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Shirt Size: **Youth:** SM | M | LG **Adult:** SM | M | LG | XL

Running Club: _____

School: _____

Please Make Checks Payable to **SMS PTA**, and mail registration and payment to
7 Memorial Dr., Somersworth NH 03878,
Attn: SMS PTA.

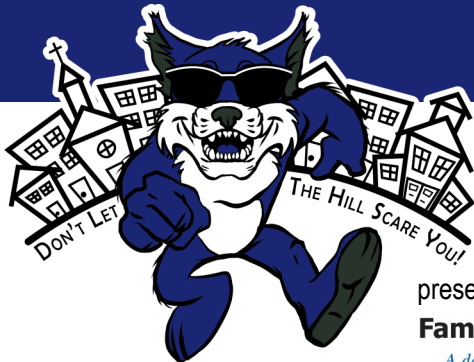
Signature: _____ Date: _____

DISCLAIMER

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 race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, 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 Millennium Running, Maple Wood School PTA, Idlehurst Elementary PTA, Somersworth Middle School PTA, Somersworth High School, the City of Somersworth NH, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. All fees are nonrefundable.

Parents Signature: _____
(If Under 18 Years of Age)

Please email hilltop5k@gmail.com with questions.



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