

# LAUDHOLM 5K RUN & 2.5K WALK

Sunday, September 26, 2010

## MAIL-IN REGISTRATION FORM

**One form per person.**

Sign-in 9 am  
Start 10 am

A benefit for coastal science, environmental  
learning, natural resource conservation,  
and historic preservation.

**Wells Reserve at Laudholm**

342 Laudholm Farm Rd  
Wells ME 04090

**FMI** [www.wellsreserve.org](http://www.wellsreserve.org) | 207-646-4521 ext 145 | [mlbishop@laudholm.org](mailto:mlbishop@laudholm.org)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Age on Day of Event \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

I, the undersigned, know that cross-country running is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of an event official. I assume all risks associated with running, including but not limited to falls, effects of heat and humidity, and conditions of the course. I hereby for myself, my heirs, executors and administrators, waive any and all claims for damages against Laudholm Trust and Wells Reserve, the representatives, successors of assigns of these organizations, volunteers, and all sponsors for any injuries that may be suffered by me in this event, even though that liability may arise out of negligence on the part of the persons named in this waiver. I further give rights for publicity use on behalf of Laudholm Trust of any photos taken of me at this event.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature if under 18 years old \_\_\_\_\_

**Please – no pets or strollers. No smoking.**

5K Run = \$18 general / \$15 Laudholm member

2.5K Walk = \$10 general / \$7.50 Laudholm member

**Amount Due** = \$ \_\_\_\_\_

Please mail form with payment to:

Mary Bishop, Laudholm Trust  
PO Box 1007  
Wells ME 04090

Check (payable to **Laudholm Trust**) Enclosed

Charge to (circle) VISA AMERICAN EXPRESS MASTERCARD DISCOVER

Card Number \_\_\_\_\_

Expiration Date \_\_\_ / \_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

Partners in research, education, stewardship, and preservation



wellsreserve



laudholmtrust