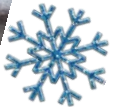
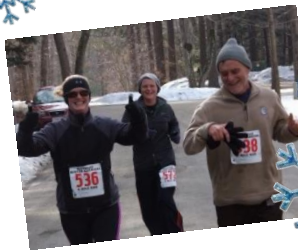
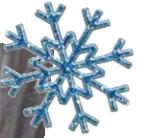




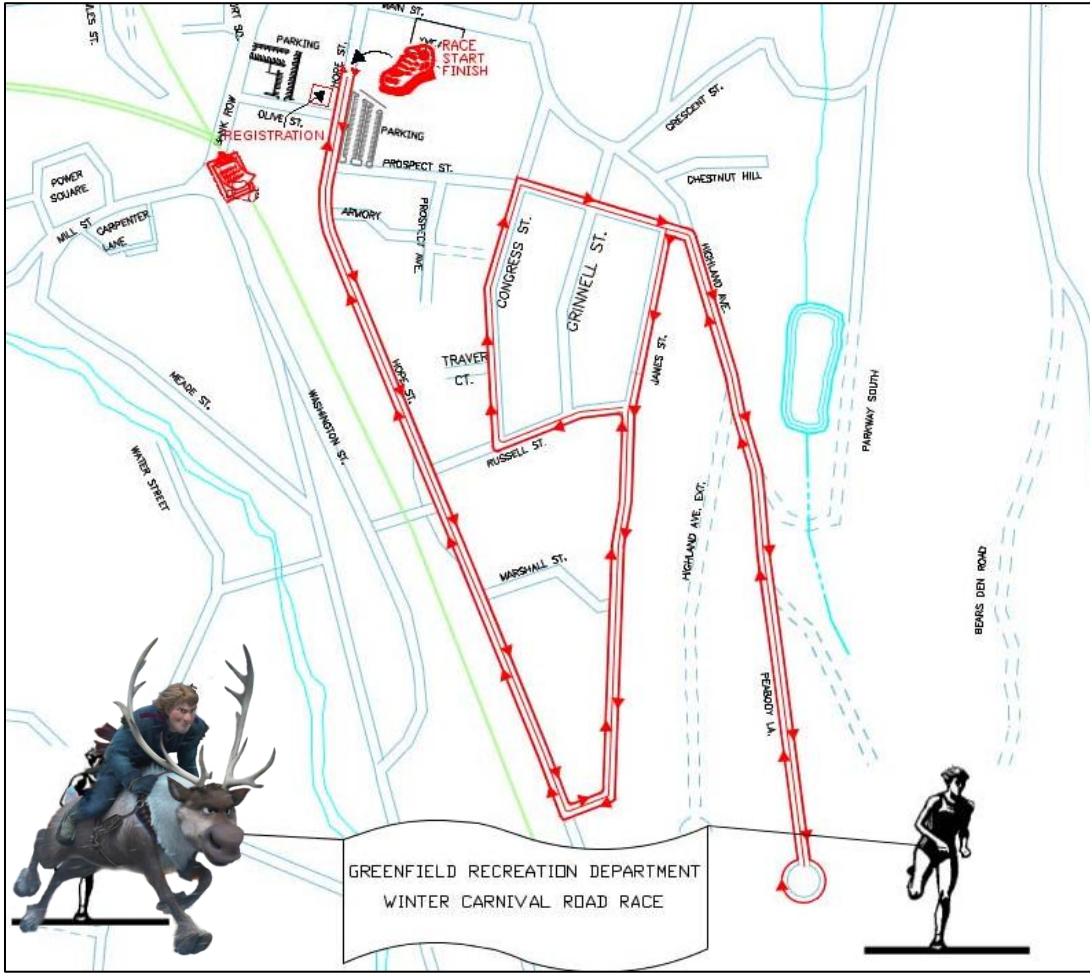
# GREENFIELD RECREATION DEPARTMENT

20 Sanderson Street, Greenfield, MA 01301  
PHONE (413) 772-1553 ☼ FAX (413) 773-0115  
[www.greenfieldrecreation.com](http://www.greenfieldrecreation.com)  
christym@greenfield-ma.gov



- DATE:** Saturday, February 7<sup>th</sup>, 2015
- TIME:** Race Starts at 10:00AM
- REGISTRATION:** Pre-register online at [www.greenfieldrecreation.com/wintercarnival](http://www.greenfieldrecreation.com/wintercarnival) or by mailing/dropping off this registration form. Day of registration and check in from 8:45AM-9:30AM at Hope & Olive, 44 Hope Street
- PARKING:** Public Lots & Metered Parking available on Main & Hope Streets
- ENTRY FEE:** \$20.00 if pre-registered by 3:00PM Friday, January 30<sup>th</sup>, 2015  
\$25.00 afterwards an on race day. Youth under 18 Half Price
- COURSE:** 4 Mile Road Race starts and ends on Hope Street and runs through the Highland Park area.
- AMENITIES:** Winter Carnival T-Shirts and Sleigh Bell Bracelets for the first 75 entrants. Age group awards and post-race refreshments at Hope & Olive. Dress up to show your spirit! Prize for best outfit.
- WEATHER/  
CANCELLATION:** If extreme weather conditions force cancellation, it will be announced on 98.3 WHAI, Bear Country 95.3, the Recreation Department answering machine (413)772-1553, and on the Greenfield Recreation & Winter Carnival Facebook Pages and Twitter @Greenfield\_Rec by 7:45AM.
- VOLUNTEERS:** Volunteers are needed! If a friend or family is interested in volunteering, please have them contact the Recreation Department.





## WINTER CARNIVAL 2015 SVEN'S REINDEER RUN ENTRY FORM

**Send Entry Form and Payment to:**  
**Greenfield Recreation**  
**20 Sanderson Street**  
**Greenfield, MA 01301**

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

**Gender:** M / F

**DOB:** \_\_\_\_\_ **Age on Race Day:** \_\_\_\_\_ **T-Shirt Size:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
                     No.                      Street                      City/Town                      State                      Zip

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Release and Waiver Agreement:** I the undersigned do hereby consent to my or my child's participation in voluntary athletic or recreation programs of the Town of Greenfield Recreation Department. I also agree to forever release the Town of Greenfield, the Recreation Commission, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Town of Greenfield ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child and/or myself or property damage resulting from my child's participation and/or my participation in the Town of Greenfield Recreation Department voluntary athletic or recreation programs. Consent: I hereby consent to and authorize Greenfield Recreation Department the right to publish, reproduce and use for advertising or any other purpose, any photograph, video image, an audio recording or other likeness of my child or family member. I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation and/or my participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Town of Greenfield Recreation Department's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town athletic or recreation programs.

PRINT NAME OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARTICIPANT, PARENT OR GUARDIAN \_\_\_\_\_

**FORM OF PAYMENT** Cash Check Ck # \_\_\_\_\_ Discover Visa Mastercard (Add 5% for all Credit Cards transactions)  
 Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

OFFICE USE ONLY  
 PAID \_\_\_\_\_ ENTERED \_\_\_\_\_