

Tour de Patrick Mail in form.

CIRCLE RACE/RACES you wish to participate:

IRISH 5K SHAMROCK Shuffle 5k ST. PAT'S 5K ALL THREE RACES



PLEASE USE BLOCK LETTER PRINTING

See www.tourdepatrick.com for additional details.

First Name: _____

Last Name: _____

Date of Birth : Month____ Day____ Year_____

Circle Gender: Male Female Emergency Phone:_____

Street: _____ City: _____ State____ Zip_____

T-shirt Size Please circle one Small Medium Large X- Large XX-Large

EMAIL (confirmation will be emailed): _____

You can enter any one...two...or all 3 races. Check of your race selection and mail the correct amount with your signed entry form.

Make Checks payable to: RunRhody Mail to: Tour de Patrick, PO Box 1940, East Greenwich, RI 02818

Irish 5k March 4, 2017 Pawtucket, RI. 11:00am \$31 to 11/30/2016 \$33 12/1/2016 to 1/31/2017 \$35 2/1/2017 to 2/25/2017 <i>Do not mail after 2/25/2017</i>	St Pat's 5K March 18, 2016 Providence, RI. 11:00am (Medallion to finishers) \$31 to 11/30/2016 \$33 12/1/2016 to 1/31/2017 \$35 2/1/2017 to 3/10/2017 <i>Do not mail after 3/10/2017</i>	Shamrock Shuffle 5k March 25, 2016 N Kingstown, RI. 11:00am (Medallion to finishers) \$31 to 11/30/2016 \$33 12/1/2016 to 1/31/2017 \$35 2/1/2017 to 3/15/2017 <i>Do not mail after 3/15/2017</i>
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Mail in ENTRY FEE for all 3 races- \$85 to 11/30/2016, \$89 12/1/2016 to 1/31/2017, \$97 2/1/2017 to 2/25/2017
Do not select all 3 races and mail after 2/25/2016

Waiver: In consideration of the acceptance of this entry. I hereby for myself, heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Irish 5K, , Shamrock Shuffle 5K, St. Pat's 5K, Tour de Patrick , Ground Control Events L.L.C., and its respective, parents, subsidiaries, affiliates, successors and assigns, the City of Providence, the City of Pawtucket, the town of North Kingstown, USATF, sponsors, race officials, organizers and volunteers associates with this event for any injury that may occur as a result of my participation in this event. Further, I agree that any pictures or photographs taken of me by the Irish 5K, Shamrock Shuffle 5K, St. Pat's 5K, Tour de Patrick, or their respective agents, in connection with this event are owned by the Irish 5K, , Shamrock Shuffle 5K, St. Pat's 5K, Tour de Patrick and Ground Control Events L.L.C., and I waive all rights to inspect or approve the final product. I hereby irrevocably grant to the Irish 5K,, Shamrock Shuffle 5K, St. Pat's 5K, Tour de Patrick and Ground Control Events L.L.C. Inc, or their respective assigns, the right and permission to use or license the use my name, likeness, voice, image or photograph of me, gathered in connection with this event, in any media or manner for the purpose of promotion of Ground Control LLC events, and their programs, including this event.

***If this release is for a minor,** I confirm that I am the legal parent or guardian of the minor named below. I consent to the foregoing on behalf of such minor and personally join in the affirmance of representations set forth above.

Signature (Parent or guardian must sign for participants under 18) _____