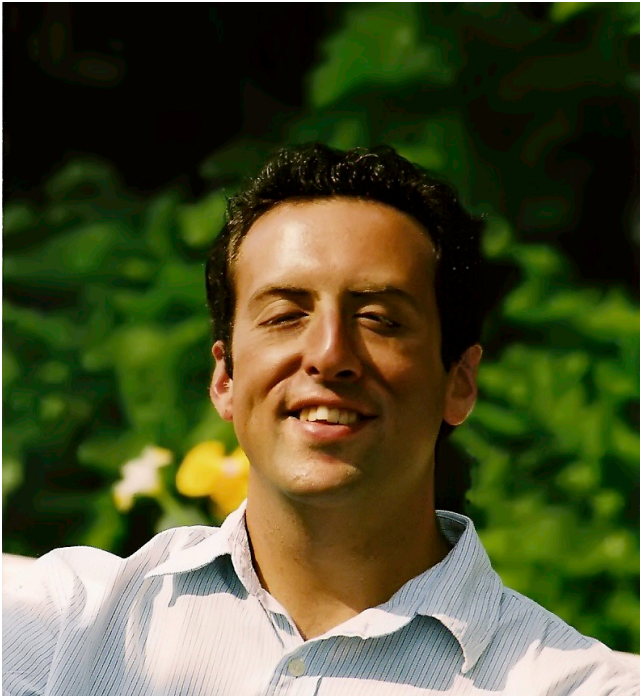


8th Annual Mark Creedon Memorial Run/Walk

April 7, 2018



- Where: D.W. Field Park in Brockton, MA (Oak Street Entrance)
- When: Saturday, April 7, 2018
Race Starts @ 10AM
- Registration: Pre-registration and Race Day registration available online www.markcreedonmemorialrace.org or *See attached registration form.*
- Registration Fee: \$25 (cash or check)
Make checks payable to "Mark Creedon Scholarship Fund."

\$10 registration fee with a Spellman Student ID

- Distance: Run (3.5 miles), Walk (2.2 miles)

Race Course: (Run) The 3.5-mile course will be a fun, scenic tour through D.W. Field Park past Waldo Lake, the Brockton Reservoir and the lush landscapes. The run begins at the top of Tower Hill, completes a full loop of the Park, and then finishes at the horseshoe parking lot just past the top of Tower Hill. (Walk) The 2.2-mile course will be an abbreviated course of the run. The walk begins at the top of Tower Hill, turns left at South Street and a right back into the Park, and then finishes at the horseshoe parking lot just past the top of Tower Hill.

Number Pick-Up: Race Day from 8-9:45AM in the horseshoe parking lot just past the top of Tower Hill.

Parking: The horseshoe parking lot in D.W. Field Park just past the top of Tower Hill and the parking lot at the base of Tower Hill near Oak Street. Additional parking available.

Proceeds from the Run/Walk will benefit the Mark Creedon Scholarship Fund.

Please visit our website at www.markcreedonmemorialrace.org for additional information.

For sponsorship opportunities, please contact Adam Creedon at 646-209-4587 or adam.creedon@gmail.com.

“Sprint to the finish!” – Mark Creedon

8th Annual Mark Creedon Memorial Run/Walk

REGISTRATION FORM

(Please Print)

Name: _____
 First Last Middle Initial

Address: _____
 Street City, State Zip Code

Gender (check one): ___ Male ___ Female Age (on Race Day): ___

T-Shirt Size (check one): ___ S ___ M ___ L ___ XL
The first 250 registered runners or walkers are guaranteed a free, limited-edition commemorative race T-shirt.

Phone Number: _____ Email: _____

Participant Type (check one): 3.5 mile run 2.2 mile walk

Payment Type (circle one): Cash / Check Registration Fee: \$25
Please send checks only for pre-race registration.

(\$10 Fee with Spellman Student ID **MAIL IN or RACE DAY ONLY**)
Current Spellman Student (check here): ___ Graduation Year ('15-'18): _____

Please mail completed form, along with payment, to the following address:
Mark Creedon Memorial Run/Walk, 37 Waldo Street, Brockton, MA 02301
(Make checks payable to "Mark Creedon Scholarship Fund.")

WAIVER OF LIABILITY: I know that participating in this event is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I am voluntarily entering and assume all risks associated with participating in the event, including, but not limited to, falls, contact with other participants, spectators or others, the effect of the weather, including heat and/or humidity, traffic and the conditions of 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 this application, I, for myself and anyone entitled to act on my behalf, waive and release, all sponsors, and their representatives and successors, from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in this event or related activities, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities. I grant permission to the foregoing persons and entities to use or authorize others to use any photographs, motion pictures, recordings, or any other record of my participation in this event or related activities for any legitimate purpose without remuneration.

Signature: _____ Date: _____

Official Use Only	
Bib Number: _____	Payment Amount: _____
Email Confirmation: _____	Check #: _____