Sacopee Valley Health Center
5k Run/Walk
Sunday, September 20, 2026

Registration Form

First Name: _____

Last Name: _____

Phone Number: _____

City/State where you live: _____

Email: _____

Race Category (check one):

- ☐ **Age 18 - 100** ($20 entry fee)
- ☐ **Age 12 - 17** ($10 entry fee)
- ☐ **Age 1 - 11** (Free)

If you pre-register you will get a FREE t-shirt!

Please select t-shirt size

Adult sizes: **S** **M** **L** **XL** **2XL**
Youth sizes: **YS** **YM** **YL**

Liability & Photo Waiver:

I understand that running/walking a road race is a potentially hazardous activity. I further understand that I should not enter a road race unless I am medically able and properly trained. I assume all risks associated with running/walking this event included, but not limited to, falls, contact with other participants, the effects of the weather including high heat or humidity, traffic conditions of the road, all such risks being understood and appreciated by me. I, having read the waiver understand these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Sacopee Valley Health Center and all organizers, sponsors, their representatives and successors, from any claims or liabilities or causes of action of any kind arising out of my participation in this event.

I also agree to allow any photos of myself or my child taken by Sacopee Valley Health Center during the 5k race or fun run to be published on future race flyers, Facebook, SVHC website and local newspapers when appropriate.

I agree to the above event waiver:

Signature _____

Please make checks payable to:
SVHC 5K 2026