

5th Annual Monster Dash

Saturday, October 31, 2009



5K Run starting at 9:30 a.m.
 1 Mile Walk starting at 9:45 a.m.
 Race Day Registration 8:00 a.m. – 9:30 a.m.

SPONSORED BY:

Fairview Hospital Recreation Association

Co-SPONSORED BY:

Bartlett's Orchard

Catherine's Chocolate Shop

Chef Works

Coca Cola

Coffee Pause

Taft Farms

Wohrle's Foods Inc.

PROCEEDS to Benefit:

Hospice Care of the Berkshires

Start:

Fairview Hospital Outpatient Rehabilitation Building
 (previously the Condor Chevrolet Building)
 10 Maple Avenue, Gt. Barrington, MA

Prizes:

1st Male & Female 5k overall finishers
 1st 3 Male & Female 5k in following age groups –
 19 and under, 20-29, 30-39, 40-49, 50-59, and 60+
 Best Costume – 1 Runner & 1 Walker

ENTRY FORM

5 K Run – Starting time 9:30 a.m. 1 Mile Walk – Starting time 9:45 a.m.
 Female Male

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Age on Race Day: _____

T-shirt for the 1st 50 registered runners - Size: M L XL

Mail completed registration form & payment to:

Fairview Hospital

Attn: Vicki Coons, Rehab Dept

29 Lewis Avenue

Great Barrington, MA 01230

Make checks payable to

Fairview Hospital Recreation Association

Registration fees:
 Run ~
 \$12 pre-registration by Oct. 23rd
 \$15 day of race
 Walk ~
 \$5

For more information contact Vicki Coons at (413) 528-8600 Ext. 5142

In consideration of this entry being accepted, I do hereby forever waive and release all rights and claims for damages I might have against Fairview Hospital, Berkshire Health Systems, SBVA, the town of Great Barrington, and officials, volunteers or sponsors of this race, their representatives, assessors and assigns for all injuries, illness or property loss suffered by me while competing in the race on October 31, 2009. I attest and verify that I am physically fit and have trained for the completion of this race. I understand that the course will be open to normal traffic during the race and I assume responsibility for my own safety. I also grant permission for the use of my name and/or picture in any broadcast, photograph, or other account of this event.

Signature: _____ Date: _____