



25th Annual Wachusett Mountain Race

A USATF Mountain Circuit Race

When: Saturday May 27, 2017

Time: 9:30 AM (onsite registration 8:00 AM)

Where: Wachusett Mountain Ski Resort, Princeton, MA

TWO Race distances to choose from

**“King of the Mountain” - 3 mile road race to the top
10K road race**

Both distances Electronic timing & scoring by Racewire

For more information about the race course, prizes, and age groups go to our website:

<http://cmsrun.org/races-events-3/wachusett-mountain-10k/>

PRE RACE REG. UNTIL 05/01/2017 - \$25.00

ALL Registrations *after* 5-05/01/2017 - \$35.00.

Register Early - Pay Less! No exceptions. Caps to the first 350 Registered Runners!

MAIL TO: Central Mass Striders, PO Box 922, Worcester, MA 01613-0922, Attn: Wachusett Mountain Race.

Make checks payable to CMS. Thank you. Information contact: shirley@sportszenergy.com

Please enter me in the Wachusett Mountain Race. I agree to assume all responsibility for all risk of damage or injury to me as a participant in this event. In consideration of being accepted as an entrant in the Wachusett Mountain Race, I hereby, for myself, my heirs, executors and administrators, release and discharge the RRCA, the USATF, the Central Mass Striders, and any and all other individuals, entities, and organizations associated with the race from all claims, damage, rights of action, present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of, or in incident to, my participation in this event. I hereby certify that I will not participate in the Wachusett Mountain Race unless I am physically fit and sufficiently trained for competition in the race. I also grant permission for the use of my name and or picture in any broadcast, photograph or other account of this race. I understand that bicycles, skateboards, baby joggers, or strollers, roller skates, or blades, animals, and radio headsets are not allowed in the race and I abide by this guideline.

NAME _____ AGE ON RACE DAY _____

ADDRESS _____

TOWN, STATE, ZIP CODE _____ M _____ F _____

RUNNING CLUB or school (if any) _____ USATF # _____

PHONE # _____ EMAIL ADDRESS (if any) _____

SIGNATURE (Parent IF UNDER AGE 18) _____ Date _____