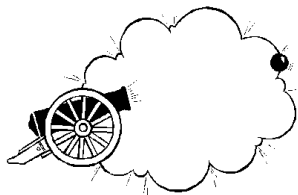


The Ed McGuire Memorial

16th Annual



Cannonball Run

Saturday, November 5, 2016

5K (3.1 miles) at 12 Noon

Walkers Starting Time 11:30 A.M.

Falls Village Town Hall

108 Main Street (around the corner from firehouse)

Featuring A Great Course! (Wheel Measured)

Walkers and individuals with disabilities are most welcome, (2.5 miles)! The traditional firing of the cannon will start the race.

Facilities: Restroom and parking available at the Falls Village firehouse.

Awards: Upon completion of the race, an awards ceremony will be held at the Falls Village town green. Award winners must be present to receive an award. Prizes will be awarded to the top three females and top three males in nine age divisions: 10 yrs. & under 11-14 yrs. 15-18 yrs. 19-29 yrs. 30-39 yrs. 40-49 yrs. 50-59 yrs. 60-69 yrs. 70 yrs. & over

Entry Fee: \$20.00 pre-registration by 10/13/16, (includes a souvenir shirt). Ages 14 yrs. and under; \$15.00. After 10/13/16, entry fee **will not** include a souvenir shirt. Indicate desired shirt size on form below.

Make checks payable to: Falls Village Volunteer Fire Department

Send entry form to: F.V.V.F.D, c/o Michelle Hansen, P.O. Box 276, Falls Village, CT 06031

Co-Sponsored by:

Shelly's Hair Salon and the Falls Village Volunteer Fire Department

For Further Information: (860) 824-0533 or www.greystoneracing.net

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The Ed McGuire Memorial Cannonball Run, a 5K (3.1 miles) roadrace

The Ed McGuire Memorial Cannonball Roadrace, November 5, 2016

I know that running the Ed McGuire Memorial Cannonball Run, a 5K (3.1 mile) run, is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of race officials relative to my ability to safely complete the run. I assume all the risks associated with running, including but not limited to, falls, contact with other participants, effects of the weather- including high heat, extreme cold and/or humidity, traffic, and the conditions of the road - all such risks being known and appreciated by me. Having read this waiver and acknowledging these facts and in consideration of your accepting my application, I waive and release Shelly's Hair Salon, the Falls Village Fire Department, the Town of Falls Village, all sponsors, their representatives and successors, from all claims of liability of any kind arising out of my participation in this event, though that liability may arise out of my negligence or carelessness on the part of the person named in this waiver. I grant permission to all the foregoing; to use any photographs, motion pictures, recordings, or any other record of the event for any legitimate purpose.

Last Name:		First Name:	
Address:			
City/Town:		State:	Zip Code:
Phone:	Age:	Date of Birth:	Sex:
Signature:			
Date:	Indicate Shirt Size: (circle one) Small * Medium * Large * Extra Large		
(Please check one:) <input type="checkbox"/> Walking <input type="checkbox"/> Running			