Fourth Annual

The Running Dead Z5K

"We Are Going To Eat You"

Salem's first and only Zombie 5k

Saturday, September 26, 5:30 pm

Gallows Hill Park, Salem, MA

Time: 5:30 pm.
Location: Race Day Registration is at Gallows Hill Park, 4:30pm-5:30pm. Race start is in the end of the field, next to the park's parking lot.
Parking: Parking is on street only, **please try to carpool** to avoid parking issues for residents.
Course: Hilly trail run through Gallows Hill Park.
Entry Fee: $30 for RUNNERS, $10 for ZOMBIES.
Timing: Untimed fun run.
Information: Contact therunningdead@mail.com or see www.facebook.com/The-Running-Dead-Zombie-5K

Registration/Website:
www.runningdeadz5k.com
RUNNERS/HUMANS: http://www.runningdeadz5k.com/human-egistration/
ZOMBIES: http://www.runningdeadz5k.com/zombie-registration/
or mail in application

Please make checks payable to the "The Running Dead – C/O Adam Fitch" and mail to:
Adam Fitch – Race Director
3 Randall Street, Salem, MA 01970

All proceeds go to NSMC cancer treatment center.

Awards: All runners will receive a medal. Depending on your stats at the end of the race you will receive either a "Survivor" or "Dead" medal.

T-Shirts: **Race Tech Shirts** for all runners (sizes cannot be guaranteed)
Facebook: Become a Fan of ***The Running Dead*** on Facebook!

I want to be a [ ] RUNNER
[ ] ZOMBIE

Name:_____
Address:_____
City,St._____ Zip:_____ Email:_____
Age on race day:_____ Male__ Female__ Shirt size: __X-Large __Large __Medium __Small

Waiver Must Be Read and Signed Before Mailing: I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, including high heat and/or humidity, the conditions of the road and traffic on 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 my application, I, for myself and anyone entitled to act on my behalf, waive and release The Running Dead and all sponsors, organizers, and volunteers of this event; the City of Salem; their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. All fees are nonrefundable.

_____
Signature - Parent's Signature (if under 18) Date