

# THE RUNNING DEAD

## ZOMBIE 5K CHALLENGE 2018

SEVENTH ANNUAL  
THE RUNNING DEAD Z5K

NEW COURSE - MORE ZOMBIES!  
SALEM'S FIRST & ONLY ZOMBIE 5K  
SATURDAY, SEPTEMBER 29<sup>TH</sup>, 4:30PM  
GALLOWS HILL PARK, SALEM, MA

**Time:** 4:30pm

**Location:** Race Day registration is at Gallow's Hill Park, 4:30pm. 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:** \$35 through August 31<sup>st</sup>, \$40 until September 28<sup>th</sup>, \$50 Race Day. Register early and save!!!

**Timing:** Untimed fun run.

**Information:** Contact [therunningdead@mail.com](mailto:therunningdead@mail.com) or see [www.facebook.com/The-Running-Dead-Zombie5k](http://www.facebook.com/The-Running-Dead-Zombie5k).

### Registration/Website:

[www.runningdeadz5k.com](http://www.runningdeadz5k.com)

Please make checks payable to "The Running Dead-c/o Mike Pratt" and mail to:  
Mike Pratt-Race Director, 117 Highland Avenue, Salem MA 01970

Proceeds benefit The Salem Feline Hospital and the Leslie's Retreat Salem Dog Park.

**All runners receive T-shirts.**

**Facebook: Become a Fan of The Running Dead on Facebook!**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ 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 medically 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 Zombie 5K Challenge 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 the 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