

4th ANNUAL SCOTT SMITH MEMORIAL 4 MILE RUN/WALK

12/1/18 8:00 AM Ma & Pa Trail, Williams Street - Bel Air MD



Co-Race Directors: Taras Vizzi, Donna Lewis
scottsmithmemorial@gmail.com



**PRE-RACE DAY REGISTRATION &
PACKET PICK-UP 11/30/18 4:00-7:00 PM
BEL AIR CHARM CITY RUN STORE**

**RACE DAY REGISTRATION & PACKET PICK-UP
6:30 -7:30 AM at Ma and Pa Trail**

Race Fee:
Adults – \$25 , Harford County Students - \$15

PLEASE MAKE CHECKS PAYABLE TO:
SCOTT SMITH MEMORIAL FOUNDATION, INC.
MAIL FORM BELOW TO:
JEN STAGNOLI
940 GAINSBOROUGH CT. BEL AIR, MD 21014



RACE APPLICATION

PLEASE CHECK ONE: ☐ RUNNER ☐ WALKER

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors and administrators, waive any and all rights and claims for damages I may have against The Scott Smith Memorial Foundation, Inc., the race sponsors, and their agents or representatives for any and all injuries suffered by me in this event. I further give my full consent and permission to The Scott Smith Memorial Foundation the irrevocable right to use any photographs, videotapes, audiotapes, or other recordings of me and/or minor children that are made during the course of this event. I hereby, by my signature, acknowledge reading and understanding this clause, and attest and verify that I have trained sufficiently for and am physically fit for this event.

EVENT WILL TAKE PLACE RAIN OR SHINE, NO REFUNDS.

NAME _____ **AGE (As of event)** _____ **FEMALE** ☐ **MALE** ☐

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

EMAIL _____ **PHONE** _____

T-SHIRT SIZE ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL (Additional charge for 2XL \$1.50, 3XL \$3.00)

ADULT'S SIGNATURE _____

DATE _____

Parent/Guardian Signature _____

DATE _____

(If under 18 yrs. of age)