

Northfield Mt Visitors Center 99 Millers Falls rd. Northfield MA

Directions: From Rt. 2 proceed North on Rt 63 approx. 2 miles to the Visitors center on your right.



Minimum snowshoe size = 120 square inches (all current models meet this requirement)
A limited number of loaner snowshoes available from Dion Snowshoe (www.dionsnowshoes.com) please let me know if you wish to borrow shoes.

Pre-entry: **\$10** Checks payable to Dave Dunham.
WMAC Members - **\$2 off on Pre-registration only.**

Send to 108 Ferry Rd, Bradford MA 01835
Sorry no refunds

Race day: **\$15** Registration 7:45 AM - 8:30 AM.

8th Annual Northfield Mountain 3.8 Mile Snowshoe race

Feb. 6, 2010
9:00 AM

Part of the wildly popular WMAC snowshoe series – www.runwmac.com

Please check WMAC website for updates and weather cancellations. If there is no snow the race will be held as a foot race if the trails are safe.

Please do not go on the groomed trails in running shoes! Snowshoes or skis only.

Questions: dave_dunham@comcast.net

-Cut Here and Mail with entry fee to: Dave Dunham 108 Ferry Rd Bradford MA 01835---

Waiver: I understand that running a race 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 a race official relative to my ability to safely complete the run. I assume all risks associated with running in the event including, but not limited to: falls, contact with other participants, the effects of weather, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of acceptance of my entry: I hereby, myself, my heirs, executors, administrators, waive and release any and all rights and claims for damages I may have against Northfield Mountain, USA track and Field, Dave Dunham, race sponsors, their agents, representatives, successors, and assign for any and all injuries suffered by me on the way to take part in the race, during the race, and leaving the scene of the race. I ASSUME ALL RISKS ASSOCIATED WITH TIS EVENT. The use of headphones and/or baby strollers is strictly forbidden.



Name _____ Age _____ Sex _____

City/Town _____ State _____ Zip _____

Email _____ Club/Team _____

Signature _____ Date _____