

# Cohasset Thanks-For-Giving



To Benefit Cohasset Recreation &  
The Clark Chatterton Memorial Fund

## COHASSET RECREATION

### THE BENEFITS ARE ENDLESS...®



Thanksgiving Day  
Thursday, November 28<sup>th</sup>  
7:30 a.m. Start  
Cohasset Town Hall

#### Registration

[www.cohassetrec.com](http://www.cohassetrec.com)  
Completed forms and payment to  
Cohasset Recreation Department  
100 Sohier Street  
Cohasset, MA 02025

#### Pre-Registration effective through 11/1

Register online or in our office  
Age 19 and under: \$20  
Age 20 and older: \$25

#### Registration effective 11/2

Register online or in our office  
Age 19 and under: \$25  
Age 20 and older: \$30

#### Race-Day Registration

6:30 a.m. - 7:00 a.m. Only

Sponsors and volunteers are welcomed

2024 T-shirts will be guaranteed to the first 750 pre-registered runners by 11/1.

T-Shirts & Bib Pick-up at  
Cohasset Recreation Office

100 Sohier Street behind the Library  
Tues., November 26 from Noon to 8 p.m.  
Wed., November 27 from 9 a.m. to 3 p.m.

**Race-Day Registration & Bib Pick-up**

Online registration closes at 5 AM  
6:30 a.m. - 7 a.m. @ 2nd Congregational

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

D.O.B. \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Age on Race Day: \_\_\_\_\_ Male Female Email: \_\_\_\_\_  
(circle one)

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 Town of Cohasset, Clark Chatterton Memorial Fund, USATF, and all sponsors, volunteers, 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. I also grant permission for the use of my name and/or picture in any broadcast, photograph or other account of this race. I understand that bicycles, skateboards, baby joggers or strollers, roller skates or blades, and animals are not official runners. All fees are nonrefundable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_