

Runner Bib Number:
Paid: \$ _____

Summer Race Series

8 Races July 8th, 15th, 22nd, 29th August 5th, 12th, 19th, 26th

Summer Race Series on Cascade St.

Race, train, or run to stay fit.

Wednesdays 5:30pm Registration
6:00pm Start

\$10 per race, \$50 for all eight races

See **www.berkshirelightning.com** for info, results, and standings.

3.5 miles - Starts and finishes at the lower parking lot at the Pittsfield State Forest on Cascade St.

Registration

I recognize the possibility of physical injury associated with any athletic activity and in consideration of the Summer Race Committee accepting the registrant for this race, I hereby release, discharge and/or otherwise indemnify the Summer Race Committee, Western Mass Running Alliance or any of its affiliates, Pittsfield High School Girls XC, and any organization or person affiliated with this program including the owners of fields and facilities utilized for the activities, against any claim by or on the behalf of the registrant as a result of the registrant's participation in this program. I also certify that I am fit to perform rigorous physical activity that may be required by the program. I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry.

Signature (parent/guardian if under age 18)

Name: _____

Mailing address: _____

City: _____ St: _____ Zip: _____

Phone: _____

email: _____ (print neatly)

Age on 8/27/26: _____ Gender: _____

Season \$50 _____ Race \$10 _____ Youth 18 and under FREE _____

Checks payable to: Pittsfield Girls XC Team
Venmo: @PHSGirls-XCTeam