



The 22<sup>nd</sup>

# Run 4 Kerri

## 4 Mile Road Race/Walk

**When:** Sunday August 3<sup>rd</sup>, 2025 – 9:00 AM

**Place:** Matunuck Elementary School  
380 Matunuck Beach Road  
Wakefield, RI 02879

**Directions:** From Boston, MA/North: Follow Route 95 South to Route 4 South in Rhode Island. Bear left onto Route 4 South and follow Route 4 South merging with Route 1 South. Follow Route 1 South past the Wakefield Business District exit until Matunuck Beach Road Exit. (Left Exit). After the Matunuck Beach Road turn-around, take the first exit for Matunuck Beach Road. Follow Matunuck Beach Road to Matunuck Elementary School (on the left).  
From New London, CT/South: Follow Route 95 North to Exit 92. Bear right off Exit, following Route 2 East to Route 78 in Rhode Island. Take Route 78 to Route 1 North. Follow Route 1 North to the Matunuck Beach Road Exit. Follow Matunuck Beach Road to Matunuck Elementary School (on the Left).

**Registration Fee:** \$ 30 - On line at [www.Run4Kerri.com](http://www.Run4Kerri.com)  
\$ 30 - Mail-in (Must be received by August 1<sup>st</sup>, 2025)  
\$ 35 – Race Weekend

- T-Shirts guaranteed to first 400 pre-registered runners and walkers
- Refreshments following the race available to all race participants
- All entrants eligible for prize drawings following the race

### Awards

Cash Prize to top 3 Male and Female finishers overall:

\$200, \$100 and \$50

New Course record \$100

### Additional Awards for Age Categories

12 and under, 13-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+

**Proceeds to Benefit the Kerri L. Bessette Female Athletic Scholarship Fund**



## 22<sup>nd</sup> Run 4 Kerri

Name \_\_\_\_\_ Age: \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Waiver Must Be Read and Signed Before Mailing:** I hereby release the Kerri Lynn Bessette Female Athletic Scholarship Fund, Inc. and the "Run4Kerri" Organizers, Sponsors, Officials, and any other coordinating group or member associated with this event from any claim of damage or injury resulting from my participation in or traveling to or from this race. I attest that I am physically fit and have sufficiently trained for this event and waive any claims or injuries suffered in said event. Further, I hereby grant full permission to any and all of the foregoing to use my photographs, video tapes or any other record of this event for any legitimate purpose. **Per requirements of our insurance: No dogs, strollers or baby joggers, please !**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature if under 18 \_\_\_\_\_

Make check payable to: *Run 4 Kerri* c/o Kathy Bessette, P.O. Box 43, Wakefield, RI 02880

For more information please visit: [www.run4kerri.com](http://www.run4kerri.com) or call 401-792-3316