

David P. Wallan Memorial 5K

Proceeds benefit David P. Wallan Firefighter Scholarship

Saturday, November 3, 11:00am - Vestal Coal House

First Name _____ Last Name _____

Address _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Sex: M/F: _____ Date of Birth : _____ Age on Race Day: _____

Fire Department (if applicable) _____

(If you have a family member or are in any way associated with a Fire Department, please list dept. above)

Entry Fee

\$25 includes shirt if pre-registered by 10/28

Race Day Registration (9:30am - 10:50am) - \$25 & no shirts available

Shirt Size: S _____ M _____ L _____ XL _____ XXL _____ Youth Shirt (Specify Size) _____

Race Waiver (Must Sign)

I know running a road race is a potentially hazardous activity that could cause injury or death. I should not enter and run if unless I am medically able and properly trained, and by my signature certify that I am medically able to perform this event, am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation for any reason whatsoever. I assume all risks associated with running this event, falls, slippery roads, low temperatures, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers/carriages, roller skates or blades, animals or radio headsets are not allowed in the race and I will abide by this rule. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Vestal Coal House, 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 sponsoring bodies. This release shall be binding on my heirs, administrators, successors, and assignors and those of the sponsoring organizations. By this release, I fully intend to discharge the said organizations from any and all injuries or losses suffered by me, while participating in and traveling to and from this event.

AWARDS:

Overall and age group winners
and special Fire Dept. Awards

Please Make Checks Payable to:

Vestal Coal House:

P.O. Box 854, Vestal, NY 13851

(Parent/Guardian Must Sign if under 18

Date

With any questions please call 607-221-3727 or email andy@vestalcoalhouse.com