



Physical Therapist Assistant Department

# SUNY BROOME

## 3<sup>rd</sup> Annual PTA Club 5K Walk & Run

April 21, 2018. 5K start time: 10:00am

Vestal Coal House/ Rail Trail - 204 Stage Rd, Vestal, NY 13850

**Packet Pick-up:** Race Day at the registration table starting at 8:30am

*Entry fee \$25 with short sleeve t-shirt: Make checks payable to Vestal Coal House*

**Must be received by April 16 to receive shirt**

All proceeds to benefit SUNY Broome PTA Club.

To register, fill out form and sign waiver below and mail to:

Vestal Coal House, P.O. Box 854, Vestal NY 13851

For more information, please contact [andy@vestalcoalhouse.com](mailto:andy@vestalcoalhouse.com)

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**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Adult Shirt Size** S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

Please checkmark the following if they apply to you.

SUNY Broome Student \_\_\_\_\_ SUNY Broome Alumni \_\_\_\_\_ PTA CLUB \_\_\_\_\_

### PLEASE SIGN WAIVER

**Waiver:** I know that a Run event is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of any race official as to my ability to safely complete the event. I assume all risks with participating in this event. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act in my behalf, waive and release SUNY Broome PTA Club, Broome County, race officials, volunteers and all sponsors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose without remuneration.

\_\_\_\_\_ Date \_\_\_\_\_ Participant or Parent/  
Guardian Signature for those under 18 years of age