

Guthrie Couch to 5K Program

Every Wednesday, July 10 through August 14, 6:30pm - 7:45pm

First Name _____ Last Name _____

Address _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Sex: M/F: _____ Date of Birth : _____ Age : _____

Entry Fee

\$20: Includes entry into 6 week training program at Coal House, entry into Guthrie Heart & Sole 5K on August 17, 6:30pm at Enjoie Golf Course, and shirt.

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

Are you participating in the Guthrie Heart and Sole 5K on August 17, 6:30pm at Enjoie Golf Course?

Yes or no? _____ (If yes, this will count as your registration form & you will be entered)

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, Guthrie, 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.

Make Checks Payable to:

Vestal Coal House:

P.O Box 854, Vestal, NY 13851

607-221-3727

\$10 of every entry goes to
American Heart Association

(Parent/Guardian Must Sign if under 18

Date

