

# Meals on Wheels 5K Run & Walkathon

Saturday, August 14, 2021, 9:00am Otsiningo Park

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

Address \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Sex: M/F: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Age on Race Day: \_\_\_\_\_

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

Which event would you like to participate in?

5K Run/Walk     2 Mile Walk     1 Mile Walk

**Entry Fee : \$25 (includes shirt)**

Pre-Registration with shirt ends 8/3. Race day registration will be from 7:30 - 8:50am

\* Awards and Refreshments post-race

**Please Make Checks Payable to and Mail to: Vestal Coal House  
PO BOX 854, Vestal NY 13851**

### ***Athlete's Race Release/Waiver:***

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 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 Gazelle Timing, Town of Vestal and Vestal Coal House, and all other sponsors, 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**With any questions, please call 607-221-3727**