



**5k Run & Walk**

# STACHE STRONG

SUPPORTING BRAIN CANCER RESEARCH

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

Address \_\_\_\_\_

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

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

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

### Entry Fee

\$25: Includes shirt and officially timed 5K

Race Day Registration: 2:30pm - 3:55pm (\$25 with no shirt)

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

**Saturday, September 22, 4:00pm**

**Vestal Rail Trail/Coal House**

#### ***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, Stache Strong, 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 assigns 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.*

Parent/Guardian Must Sign if under 18

Date

Please Make Checks Payable to:  
**Stache Strong**  
c/o Vestal Coal House, PO Box 854,  
Vestal NY 13851

Questions: [StacheStrong@gmail.com](mailto:StacheStrong@gmail.com)

More Info: [VestalCoalHouse.com](http://VestalCoalHouse.com)