

# Veteran Appreciation 5K Run/Walk

Sunday, November 10, 11:00am - Vestal Coal House

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

Address \_\_\_\_\_

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

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

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

## Entry Fees

On/Before November 5th: Pre-Registration with shirt - \$25 \_\_\_\_\_

On/Before November 9th: Pre-Registration without shirt - \$15 \_\_\_\_\_

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

Shirt size: S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_ XXL \_\_\_ Youth (specify size) \_\_\_\_\_

## **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/carrriages, 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 Town of Vestal, 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.*

Participant or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Parent or guardian must sign if participant is under 18 years of age)**

**Make Checks Payable to: Vestal Coal House**

**Mail to: Vestal Coal House**

P.O. Box 854

Vestal, NY 13851



**Proceeds Benefit the Southern Tier Veterans Support Group**