

Warrior Women Crush Cancer 5K

For the American Heart Association
Saturday, June 22, 9:00am - 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

Runner/Walker with Shirt: \$25

Runner/walker No Shirt : \$15

Race Day Registration (7:30am - 8:55am) - \$25 & no shirts available

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

USATF Certified Course with Official Results

Overall, Age Group, and Team Awards

Make checks payable and mail checks to: Vestal Coal House P.O. Box 854, Vestal NY 13851

Proceeds Benefit the American Cancer Society

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 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 _____