

# CASTLE TO RIVER RUN

## 5K, 10K and Kid's 1-mile Race

Sunday, October 9, 2011

**Course Info:** All races leave from the Philipstown Community Center on Route 9D in Garrison, NY. The 10K race crosses over Route 9D and takes a wooded trail up to the historic Osborn Castle with views of the majestic Hudson River and West Point. Racers will circle the Castle, head back down the mountain on a different trail, back over Route 9D, to the Hudson River, past the Garrison Train Station and Gazebo and back to the Community Center. The 5K race is a trail run loop to the river and back to the Community Center. Kid's one-mile race is on the grounds of the Community Center.

**Times:** race day registration begins at 7:00 am

**Races start promptly at: 10K - 8:00 am, 5K - 8:30am**

**Kid's Race - Race starts promptly at 10:30** (8am to 10:00 am - *activities and a running clinic for kids who are registered to run; \$10.00 for kids not registered to run*)

**Transportation/Parking:** free shuttle bus at Garrison MetroNorth Train Station to Philipstown Community Center until 7:45 am; Parking will be available at the Philipstown Community Center, Route 9D, Garrison, NY (approximately 2 miles north of the Bear Mountain Bridge).

**Prizes:** will be given to 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> place finishers in each category.

Age Brackets: Male and Female

10K and 5K: Up to 14 years; 15-18; 19 to 25; 26 to 35; 36 to 45; 46 to 55; 56 and over

Kid's Race: under 10 years; 11-13 years; 14-17 years

**Entry Fee:**

5K and 10K: \$35.00 Kid's Race: \$15.00

**\*\*Free Tee-shirt to first 100 Paid Registrants\*\***

Register at [www.active.com](http://www.active.com) (Castle to River Run) or by calling the Philipstown Recreation Dept. at 845-424-4618

Checks should be made payable to "Friends of Philipstown Recreation"

Mail registrations only if PRIOR to October 1<sup>st</sup>, check & registration form to: Philipstown Rec. Dept.

## CASTLE TO RIVER RUN

Name: \_\_\_\_\_ Race (circle): 10K 5K Kid's 1-mile

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (on 10/9/11): \_\_\_\_\_ Sex (circle): male female

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

E-Mail: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact's Name & Phone #: \_\_\_\_\_

**ASSUMPTION OF RISK AND WAIVER OF LIABILITY:** I, the registered participant (or parent or legal guardian registering for a child), intending to be legally bound, hereby, for myself, my family, my heirs, executors, and administrators,

a) assume all the risks of participating in this event, including, by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault;

(b) waive, release, and discharge any and all rights and claims for damages and causes of suit or action, known, or unknown, that I may have against race officials, sponsors, and volunteers of this race for any and all injuries suffered by me or y child in this event; and

(c) release Friends of Philipstown Recreation Inc., the Town of Philipstown, and any and all property owners through which this event passes, from all liability and claims of whatever nature or cause which may occur as a result of my participation in this speed contest.

I attest that I am (or the registered child is) physically fit. I am aware of the dangers and precautions that must be taken when running or walking in cold or warm conditions, and I have (or such child has) sufficiently trained for completion of this event. I also agree to abide by any decisions of an appointed medical official relative to my or such child's ability to safely continue or complete the event and consent to receive any medical treatment which may be deemed advisable in the event of injury, accident or illness during the event.. I acknowledge that this speed contest constitutes an extreme test of physical and mental abilities and carries with it the potential for death, serious injury and/or property loss. I further assume and will pay my own (or such child's) medical and emergency expenses in the event of an accident, illness, or other incapacity regardless of whether I have authorized such expenses. Further, I hereby grant full permission to Friends of Philipstown Recreation Inc., the organizers of the Castle to River Run, to use any photographs or videotapes of the event for any legitimate purpose at any time.

**I HAVE READ THIS WAIVER AND ASSUMPTION OF RISK CAREFULLY AND I FULLY UNDERSTAND IT, AND SUBMIT TO ITS CONDITIONS**

Required Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent if entrant is under 18 years of age: \_\_\_\_\_