

Kenneth vonRonn Scholarship Memorial 5K Walk/Run Application

DATE: Sunday, May 15, 2011

REPORTING TIME: walkers 8:00 a.m. START TIME: walkers 8:30 a.m.

Runners 9:00 a.m. Runners 9:30 a.m

FIRST NAME: _____ LAST NAME: _____

AGE: _____ SEX: M F SHIRT SIZE: _____ RUN/WALK

STREET ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ CELL#: _____

EMERGENCY CONTACT: _____

PHONE #: _____

Make Checks Payable to:

Debra vonRonn c/o Kenneth vonRonn Scholarship Memorial

Mail to:

Debra vonRonn

PO Box 368

Walker Valley, NY 12588

Waiver/Liability Release: I know that walking/running a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I

Agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with participating in the 5K Walk/Run on 5/15/11, including but not limited to falls, contact with other participants, effects of the weather including high heat/humidity, low temperature, traffic, and conditions of the road, all risks being know and appreciated by me.

Having read this release and knowing these facts and in consideration for your accepting my entry, I, for myself, and anyone entitled to act in my behalf of my estate, waive and release The vonRonn Family, The Town of Crawford, all the sponsors of the race, any persons assisting with the race, the officers, Board Members, agents, servants, employees, and their successors, and assigns of each party and every of the above from all claims and liabilities of any kind arising out of my participating in the race.

I also grant permission for the use of any photographs, motion pictures, or any other record of my participation in this event for any legitimate purpose. I also understand that if the race is cancelled due to circumstances beyond the control of the race committee or sponsors, including but not limited to, the weather conditions or governmental ban, my entry fee will not be refunded.

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN IF UNDER 18 YEARS OF AGE:

_____ DATE: _____