

Kenneth von Ronn Scholarship Memorial 5K Walk/Run

Kenney graduated from Pine Bush High School in 2003. He was in the Army National Guard serving in Iraq, he was an Army Medic. Kenney was killed in action on January 6, 2005, by a roadside bomb he was 20 years old.

Date: Saturday, April 27, 2019

Reporting Time: Walkers 8:00 a.m.

Runners 8:30 a.m.

Start Time: Walkers 8:30 a.m.

Runners 8:45 a.m.

No Skateboards, Skates or Roller Blades on the course.

Entry Fees:

Registered prior to April 27, 2019 \$20.00

Children 12 & under \$10.00

Day of Race \$25.00

Children 12 & under \$15.00

Please Note: No Race Refunds or Transfers

Please Make Checks payable to:

Debra von Ronn c/o Kenneth von Ronn Scholarship Memorial

Mail to: Debra von Ronn

PO Box 1497

Pine Bush, NY 12566

Race Day Registration: Catholic War Vets(Center Street, Pine Bush) 7:30 am

Prizes will be awarded to top finishers in each category

T Shirts: Presented to the 1st 100 pre-registered walkers/runners

Water Station sites along course. Continental Breakfast for all registered runners/walkers.

For Information call:

Debbie (845) 629-7332, Samantha (845) 699-6240

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PO Box 1497

Pine Bush, NY 12566

FIRST NAME: _____ **LAST NAME:** _____

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

STREET ADDRESS: _____ **APT. #** _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE # : _____ **CELL #:** _____

EMERGENCY CONTACT: _____

PHONE #: _____

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 the participating in 5K Walk/Run on 4/27/19, 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 known 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:** _____