

River View Run

For Parkinson's Research 5K & 10K RUN/WALK

Sunday October 2, 2011

DISTANCE: 5 Kilometers (3.1 Miles) or 10 Kilometers (6.2 Miles)

COURSE INFO: This is an "out and back" race from Route 218, just past Taft Place, in Cornwall on Hudson to Lee Gate at West Point. Both the 5K and 10K races will have the same starting point, but the 5K will have an earlier turn around.

PARKING: Will be available at **Camp Olmsted**. 14 Bayview Avenue/Route 218 Cornwall-on-Hudson, NY 12520

INFORMATION: Online Pre-Registration available at: <http://2011riverviewrun.eventbrite.com/>
Race Day Registration will open at **7:30 A.M.**
Race starts promptly at **9:00 A.M.**

**All net proceeds will be donated to TEAM FOX
The Michael J. Fox Foundation for Parkinson's Research**

Prizes will be given to 1st, 2nd, and 3rd place finishers in each age group:
Girls/Boys 18 and under - Women/Men 19-25 - Women/Men 26-35 - Women/Men 36-45 - Women/Men 46-55 - Women/Men 56 and over

ENTRY FEE: Online Pre-registration: **5K:** \$22:00, **10K:** \$27.00 Race Day Registration: **5K:** \$25.00, **10K:** \$30.00
Please mail checks and registration forms to PO Box 381, Cornwall-on-Hudson, NY 12520

CONTACTS: Mary Kelly, riverviewrun@gmail.com or 845-629-2276

RIVER VIEW RUN FOR PARKINSON'S RESEARCH

Name: _____ D.O.B: ___/___/___ Age (on race day): ___ Sex (circle): Male / Female

Address: _____ City: _____ State: ___ Zip: _____ Phone #: _____

E-Mail: _____ Emergency Contact's Name: _____ Phone #: _____

T-Shirt Size (circle one): S M L XL

Chosen Race (circle one): 5K (3.1 Miles) / 10K (6.2 Miles)

A signed release form must accompany your official registration.

WAIVER OF LIABILITY In consideration of the conditions of this entry, I, the registered (or person registering for their child), intending to be legally bound, hereby, for myself, my family, my heirs, executors, and administrators, forever waive, release, and discharge any and all rights and claims for damages and causes of suitor action, known, or unknown, that I may have against the Town of Cornwall, the Village of Cornwall on Hudson and the Town of Highlands, Orange County, New York, race officials, sponsors, and volunteers of this race for any and all injuries suffered by me in this event. I hereby expressly assume all risk of injury and damage and release the State of New York, New York State Department of Transportation and any municipality 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 physically fit. I am aware of the dangers and precautions that must be taken when running or walking in cold or warm conditions, and have sufficiently trained for completion of this event. I also agree to abide by any decisions of an appointed medical official relative to my ability to safely continue or complete the event. This speed contest constitutes an extreme test of my 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 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 the River View Run for Parkinson's Research's organizers and its agents to use any photographs or videotapes of the event for any legitimate purpose at any time.

I HAVE READ THIS WAIVER CAREFULLY, UNDERSTAND IT, AND SUBMIT TO ITS CONDITIONS.

Required Signature: _____

Date: _____

(Signature of Parent if entrant is under 18): _____