

Make Checks Payable to:
Walker Valley Ladies Auxiliary

Mail to:
April Grieco
170 Sinsabaugh Road
Pine Bush, NY 12566

Entry FEES:	<u>OFFICIAL USE</u>
Pre-register:	\$20.00
Day of Race cash only	\$25.00
Child 12 & under	\$10.00
Day of Race cash only	\$15.00

NO refunds or transfers _____

FIRST NAME: _____ LAST NAME: _____

* AGE: _____ SEX: M F SHIRT SIZE: _____ RUNNER: _____ WALKER: _____

STREET ADDRESS: _____ APT#: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE #: _____ CELL #: _____

EMERGENCY CONTACT: _____

PHONE#: _____

Waiver/ Liability Release: I know that running / walking a road race is a potentially hazardous activity. I should not enter and participate 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 Run / Walk on 10/08/11, 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 Walker Valley Chemical Engine Number One and The Walker Valley Ladies Auxiliary, The Town of Shawangunk 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 do 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 _____

WITNESS: _____ DATE _____

* **MUST BE FILLED IN**