



LIBERTY  
**FITNESS**  
CENTER



Liberty High School

7:00am Registration  
9:00am Race begins



**APRIL 30, 2011**

Spring Fling Entry Form

Make check payable to **Spring Fling** and mail to: **Attn: Spring Fling 125 Buckley Street, Liberty NY 12754**

[Please Print]

Name (last) \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age (on race day) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Sex: Male \_\_\_ Female \_\_\_

T- Shirt Size\* (circle) S M L XL

Entry Fee: Early Registration - \$15

Circle One: 5K Race Youth Fun Run\* \*

Registration (on race day) - \$20

Youth Fun Run -Free for kids K—6

\*While supplies last

\*\*No T-shirts for Fun Run

I know that running a road race is potentially a hazardous activity and that I should not enter and run 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 race. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, including high heat and/or humidity, lightning, high winds, and extreme cold, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my own behalf, waive and release Spring Fling road race, event volunteers, and the City of Liberty NY, its sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, video tapes, motion pictures, recordings, or any other record of this event for any legitimate purposes.

I have read the above and agree .

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Signature (if under 18 years of age) \_\_\_\_\_

NO REFUNDS, EXCHANGES OR TRANSFERS

**For more information:**

845-292-5400 • e-mail: [kheinle@libertyk12.org](mailto:kheinle@libertyk12.org) • [www.libertyk12.org](http://www.libertyk12.org)