

8th Annual Dan Elwood Memorial

5k Run and 1 Mile Walk for Hospice

DATE/TIME: Saturday, May 23, 2015, 9:00 AM

LOCATION: General Clinton Park, Bainbridge, NY

REGISTRATION: \$20 pre-registration fee will be accepted until Saturday, May 16th, after this date entrants may register the day of the race beginning at 8:00 AM for a fee of \$22. T-shirts will be given to first 200 entrants.

Pre-registration forms may be sent to: Dan Elwood Memorial Race c/o Brenda Parsons, Village of Bainbridge, 33 West Main Street, Bainbridge, NY 13733.

DIVISIONS: Male and female 12 & under, 13-19, 20-29, 30-39, 40-49, 50-59, 60 & over.

Medals will be awarded to male and female first, second and third place finisher in each of the age divisions, with a trophy and hoodie for best overall in male and female.

Name _____ Phone _____

Address _____ City _____ Zip _____

Emergency Contact _____ Emergency Contact Phone _____

Age (as of 5/19/13) ____ Date of Birth _____ E-Mail Address _____

Circle One: Male Female **Circle T-Shirt Size:** S M L XL 2XL **Circle One:** 5 k Run 1 Mile Walk

WAIVER AND RELEASE

I know running a road race is a potentially hazardous activity, which could cause injury or death. I should not enter and run unless I am medically able to properly train. I agree to abide by any decision of a race official relative to any aspect of my participation in the event. I assume all risks associated with running this event. 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 behalf, waive and release the Town of Bainbridge, Chamber of Commerce, General Clinton Park and all sponsors and/or contributors involved in this event from all claims or liabilities of any kind arising out of my participation in the event, even though that liability may arise out of negligence or carelessness on the part of the sponsoring bodies. This release shall be binding upon my heirs, administrators, successors and assignors and those of the sponsoring organization. By this release I fully intend to discharge the said organization from any and all injuries or losses suffered by me while participating in and traveling to and from this event.

Signature _____ Date _____

Parents Signature (if under 18 years of age) _____