



**12th Annual Kelly LaBare 5K Run/Walk
August 2, 2009**

Registration Form

Please make checks payable to Spiedie Fest & Balloon Rally

Sign up for:

		Price
<input type="checkbox"/> 5K Run/Walk –Prior to 7/30/08	With Shirt	\$15.00
<input type="checkbox"/> 5K Run/Walk – Prior to 7/30/08	No Shirt	\$8.00
<input type="checkbox"/> TCRC Member Disc (Pre-register Only)		(-\$2.00)
<input type="checkbox"/> 5KRun/Walk after 7/30/08	With Shirt	\$17.00
<input type="checkbox"/> 5KRun/Walk after 7/30/08	No Shirt	\$10.00
<input type="checkbox"/> Kids Fun Run	Free	\$0.00

TOTAL: _____

Name

Address

Phone
Birthdate _____ **Age on Race Day** _____ **M** _____ **F** _____

Shirt Size (subject to availability) **S, M, L, XL** _____

YOU MUST SIGN THIS WAIVER BELOW:

I know running a road race is a potentially hazardous activity that could cause injury or death. I should not enter and run it unless I am medically able and properly trained, and by my signature certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation for any reason whatsoever. I assume all risks associated with running this event, including high heat, humidity, traffic and conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers/carriages, roller skates or blades, animals and radio headsets are not allowed in the race and I will abide by this rule. 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 Spiedie Fest & Balloon Rally, Broome County and all other 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 sponsoring bodies. This release shall be binding on 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 (If under 18, Parent/Guardian sign also)

Please mail completed form with payment to:
Grace Tabeek
Race Director
4116 Marietta Drive
Vestal, NY 13850

INFORMATION
Phone: (607) 722-8744
Email: gtabeek@stny.rr.com