FIREFIGHTER SK CHALLENGE

To Benefit Vestal Fire Company 1

Sunday, October 1, 11:00am - Vestal Coal House

First Name_				Las	t Name _			
Address								
City:					Sta	ıte:	Zip:	
Email:					Phone:			
Sex: M/F:	M/F: Date of Birth :					Age on Race Day:		
Fire Depa	rtment (if	applicable)					
(If you have	a family m	ember or are	in any w	ay associa	ted with d	a Fire D	Department, please list dept. above)	
				Entry	/ Fees			
	Pre-	Registratio	n Runne	er with sh	nirt (ends	9/26)	- \$20.00	
	Pre-Re	gistration F	Runner v	without sl	hirt (end	s 9/30)) - \$15.00	
		_					no shirts available	
			·		·			
Shirt	Size: S	M	_ L	XL	XXL_	'	Youth Shirt (Specify Size)	
Race Waiver (Must Sign) I know running a road race is a potentially hazardous activity that could cause injury or death. I should not enter and run if 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 I 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, falls, slippery roads, low temperatures, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers/carriages, roller skates or blades, animals or 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 ac-							Free kids run post-race!	
							Live Music & Refreshments	
							AWARDS:	
cepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Vestal Coal House, their representatives and successors from all claims or liabilities of any kind arising out of					n babv	The fire department with the most		
					lsets read	participants & the best average time		
					ac-	will receive special awards. Also,		
					es ut of	medals will be given out for overall &		
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,						age group winners!		
and assignors and those of the sponsoring organizations. By this release, I fully intend to discharge the said organizations from any and all injuries or losses suffered by me, while participating in and traveling to and from this event.						Please Make Checks Payable to:		
J. a. volling to a	to analytom one orong					Vestal Coal House:		
(Parent/Gua	rdian Must Si	ign if under 18		Date		P.O	. Box 854, Vestal, NY 13851	

With any questions please call 607-221-3727 or email vestalcoalhouse@stny.rr.com