

Lourdes Has Heart 5K

Supporting the American Heart Association

Saturday, Oct. 27, 2018, 2:00pm Vestal Coal House

First Name _____ Last Name _____

Address _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Sex: M/F: _____ Date of Birth (mm/dd/yyyy): _____ Age on Race Day: _____

Which event would you like to participate in?

5K Run/Walk 1 Mile Run/Walk

Shirt Size: S _____ M _____ L _____ XL _____ XXL _____ Youth Shirt (Specify) _____

Entry Fee : \$20 For Lourdes Associates, \$25 for non associates (Includes Shirt)

Pre-Registration with shirt ends 10/21 Race day registration will be from 12:30 pm- 1:55pm

If you are a Lourdes Associate, please list your Dept. _____

**Please Make Checks Payable to and Mail to: Vestal Coal House
PO BOX 854, Vestal NY 13851**

Athlete's Race Release/Waiver:

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 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 Town of Vestal and Vestal Coal House, 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 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.

Signature _____

Date _____

With any questions, please call 607-221-3727