



The Glens Falls Rotary Community Wellness 5K Run/Walk - 2023

Course: Flat and fast - 3.2 miles

Saturday, April 22nd
Start Time: 9:30 AM
Check-In/Registration:
8:00 - 9:15 AM
The Student Center at
SUNY Adirondack

	Advanced Registration	Race Day Registration
ADULT	\$27	\$30
CHILD Ages 12 & Under	\$17	\$20

Scan to register or visit:
www.itsyourrace.com



*Commemorative lightweight backpack
to the first 250 entrants*

THIS YEAR'S BENEFICIARIES:

Adirondack Vets House, Inc.

Tri-County Literacy

The Charles R. Wood Theater

Name _____ Check One: M _____ F _____ Prefer not to answer _____
 Street Address _____ City/State _____ ZIP _____
 (If under age 12)
 Age on day of race _____ Phone _____ Email _____

I know that running/walking a road race is a potentially hazardous activity. I hereby attest I am medically able and properly trained to run/walk. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I assume all risks associated with running/walking in this event including, but not limited to, fall, contact with other participants, the effect of the weather including high or low temperatures, wind, traffic and the conditions of the road, all such risks are being known and appreciated by me. For safety reasons, dogs are not allowed and headphones, roller skates and similar devices are prohibited. 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 Glens Falls Rotary Club, SUNY Adirondack, Town of Queensbury, Warren County, Washington County, sponsors, volunteers and officials, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. Further, I consent and give permission to use my likeness and/or voice in photo-graphs, motion pictures, records and/or other record of the Rotary 5K for any legitimate purpose. The Glens Falls Rotary Club reserves the right to cancel this event without the return of fees due to unforeseen circumstances, such as dangerous weather.

Signature _____ Date _____
 Signature of parent/guardian _____) _____ Date _____
 (If under age 12)

The Rotary Club of Glens Falls - PO Box 2702 - Glens Falls, New York 12801
For more race information or further information contact Rachael Hunsinger-Patten at r_hunsinger@hotmail.com