



# ROTARY THE 5k



*Corporate Challenge!*  
**Saturday, April 13, 2019**  
**START TIME: 10:00AM**  
**at SUNY Adirondack Student Center**

**Proceeds benefit The Conkling  
Center & Prospect Center**

**Pre-registration:** On or before April 4th, 2019 - mail to Glens Falls Rotary, PO Box 2702, Glens Falls NY 12801 or register online at [www.active.com](http://www.active.com) **Entry Fee:** ADULT \$26, AGE 12 & UNDER \$17 **Race Day Registration:** 8AM to 9:15AM ADULT \$31, AGE 12 & UNDER \$22 **Course:** One small-hill start, then flat and fast! **T-shirts:** Available for the first 300 entrants [sizes not guaranteed] **Awards:** Male and Female overall, age groups 1st, 2nd, 3rd, Team Awards [see page 2]



NAME \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AGE ON RACE DAY \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SHIRT SIZE S M L XL

\*Checks payable to: The Rotary Club of Glens Falls Foundation, Inc.

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 photographs, 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 OR GUARDIAN IF RUNNER IS UNDER 18 YEARS OLD \_\_\_\_\_





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All team members must be individually registered by 8:30AM Race Day. Team Captain is responsible for providing team member names by mail to race registration address, by email to [jimmyg12804@yahoo.com](mailto:jimmyg12804@yahoo.com) by April 8, 2019, or to the team registration desk by 8:45AM Race Day.

**TEAM ENTRY FORM**

- FEMALE       MALE       MIXED [3F/2M]       MIXED [2F/3M]

TEAM NAME \_\_\_\_\_ TEAM CAPTAIN \_\_\_\_\_

DAYTIME PHONE \_\_\_\_\_

NAME OF CORPORATION / ORGANIZATION \_\_\_\_\_

EMAIL \_\_\_\_\_

- TEAM MEMBERS**
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_



**MOST PARTICIPANTS FINISHING RACE**

An Award will also be given to the organization with the Most Participants finishing the race. Please include your name and organization to be considered for this award.

NAME \_\_\_\_\_

ORGANIZATION NAME \_\_\_\_\_