



# The Harrison Freer Rotary Community

## 5K Run/Walk - 2025

Course: Flat and fast - 3.1 miles

**Saturday, April 12<sup>th</sup>**

**Start Time: 9:30 AM**

**Check-In/Registration:  
8:00 - 9:15 AM**

**The Student Center at  
SUNY Adirondack**

	Advanced Registration	Race Day Registration
<b>ADULT</b>	<b>\$30</b>	<b>\$35</b>
<b>CHILD</b> Ages 12 & Under	<b>\$20</b>	<b>\$25</b>

Scan to register or  
visit:  
[www.runsignup.com](http://www.runsignup.com)



*Commemorative T-shirt available to 300 entrants*

**THIS YEAR'S BENEFICIARIES:**

**Glens Falls Hospital  
Feeder Canal Alliance**

**Glens Falls Family Y**

Name \_\_\_\_\_ Check One: M \_\_\_\_\_ F \_\_\_\_\_ AGE \_\_\_\_\_

Street Address \_\_\_\_\_ City/ate \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

T-Shirt Size (Circle One) **ADULT** S M L XL XXL XXXL **YOUTH** S M (sizes not guaranteed after March 28<sup>th</sup>)

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, falls, contact with other participants, effects of the weather including high and low temperatures, wind, traffic and 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, USATF, 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 \_\_\_\_\_  
(Complete section below for if under age 17)

Pursuant to the SUNY Child Protection Policy of August 27, 2015: **If the registrant is under 17 years old on the event day, an adult must attend with them and assume supervision and control of the minor at the event.**

Child Age on day of race is \_\_\_\_\_. The name of adult [age 18 or over] attending with the minor is: \_\_\_\_\_  
Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_\_

The Rotary Club of Glens Falls - PO Box 2702 - Glens Falls, New York 12801  
For more race information or further information contact Lee Pollock - aleepollock@gmail.com