



# Registration Form

## END POLIO NOW Walk/Run

### Sunday May 20<sup>th</sup>



5 k and 1 mile (both races are 2 laps)

## SUNY Oneonta Campus

**Race Start time:** 8:00 AM

**Fees:** per-registered \$20, 'day of' \$35

**Registration options:**

**Online:** <https://www.webscorer.com/register?raceid=128225> (closes midnight 19 May)

**'Day of':** 7:00 to 7:45 AM

**Mailed inregistrations:** Post marked no later than 12 May! Forms, with a check made out to 'Rotary District 7170', should be mailed to:

End Polio Now Run/Walk  
c/o Evan Kurtz  
10 Hanford Drive  
Dryden NY 13053

**Select one:** 5 k \_\_\_\_\_ 1 Mile \_\_\_\_\_

**Age (day of race):** \_\_\_\_\_ **Gender (please circle one):** M F Other

**Waiver:** I know that running a road race is a potentially hazardous activity. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running the District 7170 End Polio Now run, including, but not limited to, falls, contacts with other participants, the effects of the weather, traffic and the conditions of the road, and the possibility of collisions with vehicles, all such risks being known and appreciated by me. Having read this waiver, I, for myself and anyone entitled to act in my behalf, waive and release Rotary District 7170, SUNY Oneonta, the volunteers, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I agree to withdraw from this event if so instructed by a race official. I acknowledge that my entry fee is non-refundable, including if the race is canceled because of an act of nature or man.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**If under 18:**

Printed name of parent or guardian: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Phone # \_\_\_\_\_