

# Fair Haven 13<sup>th</sup> Annual Run for Hospice of the Finger Lakes

## July 7, 2018

Families and Teams Welcome! – Walk, run, push a stroller or pull a wagon  
(no bikes, roller blades, skateboards or pets)

Race begins at 9:00 a.m. *sharp*, **Cayuga Street Park Pavilion** (behind village hall)

Day of race registration begins at 8:00 a.m.

**\*\* Leone Timing and Results Services – All race bibs include timing chips**

*(Tee shirts can only be guaranteed for registrations received by June 20. Shirts can be picked up day of race)*

Name \_\_\_\_\_ Age on race day \_\_\_\_\_ M F (circle one)  
Last First

Address \_\_\_\_\_  
Street City State Zip

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**EMERGENCY CONTACT** \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

Shirt Size: Adult \_\_\_\_\_ 2XL \_\_\_\_\_ XL \_\_\_\_\_ L \_\_\_\_\_ M \_\_\_\_\_ S / Child \_\_\_\_\_ L \_\_\_\_\_ M \_\_\_\_\_ S

Ages 13 – Adult: \$20.00 per person (\$25.00 on day of race)

Ages 6 – 12: \$10.00 Ages 5 and under: Free

**\*\* All participants, *regardless of age*, must have a completed and signed waiver. See back of Registration form. (page 2, if downloading from Hospice website) Participants under 18 must have a parent/guardian signature.**

***\*If you are entering as part of a team, please enter team name:*** \_\_\_\_\_

\_\_\_\_\_ I would like to volunteer. Please let me know how I can help. (Be sure to fill in phone #)

\_\_\_\_\_ I would like to make a donation of: \_\_\_\_\_ dollars \_\_\_\_\_ door prize

\_\_\_\_\_ Business/organization sponsorship (logo included on race shirt: silver \$50 and up, gold \$100 and up. Must be received no later than June 1, 2018 to be included on shirt)

**Mail completed registration form and waiver to:**  
**J. Taubman**  
**P.O. Box 502**  
**Fair Haven, NY 13064**

***Make checks payable to: Run for Hospice***  
***Ck# \_\_\_\_\_***

***All net proceeds benefit Hospice of the Finger Lakes***  
***For questions, please call (315) 947-6287***

# Fair Haven 13th Annual Run for Hospice of the Finger Lakes July 7, 2018

## Participant/Guardian Agreement, Release and Assumption of Risk:

I, \_\_\_\_\_ (print name), do hereby covenant and agree to release and hold harmless the Village of Fair Haven, SOFA, Inc., Hospice of the Finger Lakes, all organizers and volunteers against any and all liability, loss, damages, claims or actions (including costs and attorneys' fees) for any and all bodily injury/illness and/or property damage, to the extent permissible by law, arising out of participation in the Fair Haven 13th Annual Run for Hospice of the Finger Lakes.

\*I understand participation in this race involves physical activity and risks of physical injury, and I assume these risks. I further understand that this race is held on local roads and that the condition of the roads and/or weather may pose risk, and that such risks cannot be eliminated.

\*I further certify that I am in good physical condition and have no medical, mental or physical conditions that would restrict my participation in this event.

\*My participation in this race is voluntary and I agree to assume all risks. I hereby consent to emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment.

Signature of Participant \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

## Release for Minor:

I, \_\_\_\_\_ (print name), being the Parent/Legal Guardian of \_\_\_\_\_ (name of minor – please print), agree to the conditions and release as stated on this form on behalf of the minor child named herein.

Signature of Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Age of minor \_\_\_\_\_

## PLEASE NOTE:

*In case of inclement weather, race may be rescheduled or cancelled.*

*All registration proceeds are non-refundable and will be directed to Hospice.*

*\*Photos taken of the race and its participants may be published.*