Registration Form

Name	Age on 8/5/17		
Street Address	PO Box	Phor	ne
City	S	tate	_Zip
Email Address Gender: □ Male □ Female	S M L L	XL XXL Note 1 Challenge 2017	I plan to: walk run USATF CERTIFIED 2017 Tion of \$
Waiver (no participation without signature)			
I know that running a race is potentially hazardous a medically able and properly trained. I agree to abide ability to safely complete the run. I assume all risks not limited to: falls, contact with other participants, and/or humidity, traffic and the conditions of the rome Having read this waiver and knowing these facts waive and release any and all sponsors, their repressor death, personal injury, or property damage of an course of, my participating in this event whether sawaiver extends to all claims of every kind or nature unknown. The undersigned further grants full permit to use any photographs, videotapes, motion picture any purpose. Minors accepted only with a parent or Participant's Signature	e by any decise associated wing the effects of bad, all such rise, and in consideratives and my kind or national whatsoever, finitialision to sponers, recordings	th running in the weather, isks being know ideration of your whatsoeved by negligence foreseen or units or any other reasons or any other reasons the second or any other reasons in the second	he event, including, but including high heat wn and appreciated by u accepting my entry, I com all claims or liability er arising out of, or in the e or fault This release and foreseen, known or ents authorized by them

Please make checks payable and mail with payment, entry form, and waiver to:

Parent/Guardian Signature _____

In Your Pace Running Club

c/o Linda Sevier

3663 North Lake Road

Erieville, NY 13061