

Fair Haven 14th Annual Run For Hospice July 6, 2019

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 # (____) _____ - _____ Email _____

EMERGENCY CONTACT _____ **Phone#** _____

REGISTRATION INFORMATION:

- Ages 13 – Adult: \$20.00 per person (\$25.00 on day of race)
 Ages 6-12: \$10.00 Ages 5 and under: Free

Shirt size: **Adult** _____ 2XL _____ XL _____ L _____ M _____ S **Child** _____ L _____ M _____ S

*** 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 for sponsors of: Platinum \$500 and up, Gold \$250 and up & Silver \$100 and up. Must be received no later than June 1, 2019 to be included on race shirt)

Registration fees are non-refundable. Race may be cancelled or postponed if dangerous weather conditions exist. All proceeds would go to Hospice.

**Mail completed registration form
AND waiver to:**

**Brenda Zook
Hospice Foundation of CNY
990 7th North Street
Liverpool, NY 13088**

Make checks payable to:

Hospice Foundation of CNY

All net proceeds benefit Hospice

***For questions, please call Joni Taubman at
(315) 947-6287.***

**Fair Haven 14th Annual Run for Hospice
July 6, 2019**

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 Central New York and 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 14th Annual Run for Hospice.

*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.***