HUDSON HEADWATERS

CARE FOR KIDS 5K RUN

Sunday, July 28, 2013 - 9:00am

All proceeds benefit pediatric health care at Hudson Headwaters Health Network health centers

LOCATION: Race begins at 2431 Schroon River Road, Chestertown, NY, and ends at Suzie Q's Sunshine Café (148 Tannery Road, Brant Lake, NY). Free shuttle will be available to transport participants and spectators between Suzie Q's Sunshine Café and the start site, following completion of the event.

CHECK IN: Saturday, July 27: 4:00pm – 6:00pm at Suzie Q's Sunshine Café
Day of Race (Sunday, July 28): 7:30am – 8:45am at 2431 Schroon River Road

COURSE: 5K (3.1 miles) mostly flat, with some uphill – Email hnelson@hhhn.org to request a course map.

ENTRY FEES – DONATIONS (tax deductible): $25.00 - Pre-Registration Fee (Received by July 24th)
$30.00 - Race Day Registration Fee

DONATIONS: All proceeds benefit pediatric health care at Hudson Headwaters Health Network health centers

T-SHIRTS: Custom, High Quality, Short Sleeve T-shirts (First 400 Entrants)

AWARDS: Male and Female Overall and 1st-3rd in each age category (10 & under, 11-12, 13-14, 15-16, 17-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+, wheelchair)

RESULTS: Posted, No Ties, Decisions of Race Directors are Final

FACILITIES: Restrooms available at start and end of race

INFORMATION: Phone: Howard Nelson - (518) 761-0300 ext. 31112 or Email: hnelson@hhhn.org

----------Detach Here----------

Last Name _____ First Name _____ Sex (M/F) _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____ Age on Race Day _____

T-Shirt Size (Please check one): ☐ Youth Large ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult X-Large

I know that participating in this Hudson Headwaters Health Network event is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I am voluntarily entering and assume all risks associated with participating in the event, including, but not limited to, falls, contact with other participants, spectators or others, the effect of the weather, including, *rain,* traffic and course conditions, all such risks being known and appreciated by me. I grant to the Hudson Headwaters and its designee access to my medical records and physicians, as well as other information, relating to medical care that may be administered to me as a result of my participation in this event. Having read this Waiver and knowing these facts, and in consideration of your acceptance of this application, I, for myself and anyone entitled to act on my behalf, waive and release Hudson Headwater Health Network, Suzie Q's Sunshine Café, Finish Right Timing, the owners of 2431 Schroon River Road, the Town of Chester, the Town of Horicon, and their agencies and departments, and all sponsors, and their representatives and successors, from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in this event or related activities, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities. I grant permission to the foregoing persons and entities to use or authorize others to use any photographs, motion pictures, recordings, or any other record of my participation in this event or related activities for any legitimate purpose without remuneration.

Signature _____ Date _____

Signature of Parent or Guardian (if participant is under 18 years of age) _____ Date _____

Make Checks Payable To: Hudson Headwaters Foundation
Mail Entries: Hudson Headwaters Health Foundation – Care for Kids 5K Run
9 Carey Road
Queensbury, NY 12804

Entry Fee: $_____
Additional Donation: $_____
Amount Enclosed: $_____

Make Checks Payable To:
Hudson Headwaters Health Foundation