

October 21, 2018 ENTRY FORM

(Pre-Registration Only: Please fill out one form per participant)

Register online at <https://runsignup.com/Race/NY/Wellsville/RidgeWalkRun>



A tradition of promoting wellness for the body & soul

Name _____

Address _____

T-Shirt Size (for first 1,000 registrations): ____ (S, M, L, XL, XXL)

E-mail: _____ Phone _____ M/F _____

Race Day Age _____ 2018 USATF Niagara Member Y/N _____ If Yes, Membership Number _____

Check One Event:

____ 25K Trail Run ____ 25K Trail Walk ____ 10K Trail Run ____ 5K Trail Run

Includes sport-tek shirt

____ Ages 6-18: Postmarked by 9/21/18 \$20; after \$25 \$ _____

____ Ages 19+: Postmarked by 9/21/18 \$30; after \$35 \$ _____

____ 2 Mile Trail Walk (guided event) ____ 2 Mile Scenic Walk (country road)

____ 6 Mile Trail Walk ____ 9 Mile Trail Walk

____ Ages 5 and Under: Free!! (Event shirt cannot be provided) \$ _____ 0.00

____ Ages 6-15: Postmarked by 9/21/18 \$10; after \$15 \$ _____

____ Ages 16-55: Postmarked by 9/21/18 \$25; after \$30 \$ _____

____ Age 56+: Postmarked by 9/21/18 \$20; after \$25 \$ _____

Pre- Event Dinner Wellsville County Club October 20, 2018

____ Pre-Event Pasta Dinner: at the Grill, \$20 per person \$ _____

____ # Spectator Meal Tickets: \$3 each (Day of the event \$5 each) \$ _____

Total \$ _____

Where did you hear about RidgeWalk & Run? _____

How many years have you participated in RidgeWalk & Run? _____

Waiver: In consideration of accepting entry for any of these events, I hereby for myself, my heirs and executors, waive and release any and all claims that I may have against any and all persons and organizations affiliated with this event including, but not limited to: Jones Memorial Hospital, County of Allegany, Town of Wellsville, Village of Wellsville, Towns of Willing and Alma and all sponsors, volunteers, and private landowners. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I further attest that I am physically fit and have trained sufficiently for the event chosen. I understand that this is a rain or shine event and the entry fee is non-refundable and non-transferable. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

Signature of Participant:

Date:

Signature of Parent/Guardian if participant is under 18 years of age:

Date:

Return registration form and check made payable to:

Jones Memorial Hospital
Attn: Deanna Hackett
P.O. Box 72
Wellsville, New York 14895

