

October 20, 2019 ENTRY FORM

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

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



Name _____

Address _____

M/F _____ Race Day Age _____

E-mail: _____ Phone (required): _____

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

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 9/20/19 \$20; after \$25	\$ _____
_____ Ages 19+:	Postmarked by 9/20/19 \$30; after \$35	\$ _____

_____ 2 Mile Trail Walk	_____ 2 Mile Country Road Walk	
_____ 6 Mile Trail Walk	_____ 9 Mile Trail Walk	
_____ Ages 5 and Under:	Free!! (Event shirt cannot be provided)	\$ <u>0.00</u>
_____ Ages 6-15:	Postmarked by 9/20/19 \$10; after \$15	\$ _____
_____ Ages 16-55:	Postmarked by 9/20/19 \$25; after \$30	\$ _____
_____ Age 56+:	Postmarked by 9/20/19 \$20; after \$25	\$ _____

Pre- Event Dinner: Wellsville County Club - October 19, 2019

_____ Pre-Event Pasta Dinner: at the Grill, \$25 per person \$ _____

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 Worth
P.O. Box 72
Wellsville, New York 14895

