

5K Run/Walk
Registration and Waiver
Release and Consent Form

Each participant must fill out a form and sign the waiver at the bottom. Children 12 and under must be accompanied by a parent.

Registration is \$20 for each participant (t-shirt to the 1st 50 registered).

Saturday, September, 21 2019. 9:30AM Registration, 10:00AM Start at the Malone Adult Center (previous site of In Motion Physical Therapy)

If you need additional information, please contact AHMC REHAB at 518-481-2440. Form can be sent back to AHMC REHAB, 187 Park Street, Malone, NY 12953 or Hospice Office.

Participant Names:

Adult _____ ShirtSize: S ___ M ___ L ___ XL ___

Child _____ Age _____

Child _____ Age _____

Address _____

City,State,Zip _____

Phone _____

In consideration of the acceptance of my/my child's entry, I for myself or for my child, do hereby release and discharge the organizers of this walk and all other sponsors and organizers of all claims and damages, actions whatsoever in any manner arising out of my/my child's participation in this event. I attest and verify that I have full knowledge of the risks involved in this event and I am/my child is physically able to participate in this event. Further, I grant full permission to any and all partners of the 5K Race/Walk to use my/my child's name, photographs, videotapes, or any other record of this event for any legitimate purpose without compensation.

Signature

Date