

CARE FOR KIDS  
5K Run & Fitness Walk



**Sunday, July 29, 2018, 9:00am**

**All proceeds benefit pediatric health care at Hudson Headwaters**

**LOCATION:** Race begins at 2431 Schroon River Road, Chestertown, NY, and ends at the YMCA Adirondack Outreach Center. (Formerly Suzie Q's, 148 Tannery Road, Brant Lake, NY). A free shuttle will transport participants and spectators between the Outreach Center and the start site following completion of the event.

**CHECK IN:** Day of Race (Sunday, July 29): 7:15am – 8:45am at 2431 Schroon River Road

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

**ENTRY FEES:** \$25.00 Pre-Registration Fee/\$30.00 Race Day Registration Fee

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

**AWARDS:** Male and Female Overall and 1<sup>st</sup>-3<sup>rd</sup> in each age category (7-8, 9-10, 11-12, 13-14, 15-16, 17-19, 20-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+, 80+ wheelchair)

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

**FACILITIES:** Restrooms available at start and end of race

**INFORMATION:** Jackie Harrington at (518) 761 0300 ext 31315 or [jharrington@hhhn.org](mailto:jharrington@hhhn.org)

**ONLINE REGISTRATION AVAILABLE AT [www.FinishRight.com](http://www.FinishRight.com)**

-----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):  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 Headwaters Health Network, YMCA Adirondack Outreach Center, 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 Health Foundation

**Mail completed entries and fees to:** Hudson Headwaters Health Foundation, 9 Carey Road, Queensbury, NY 12804

