



# THE OATKA 5K WALK/RUN

(USATF CERTIFIED COURSE)

**Date:** Saturday, July 15<sup>th</sup>, 2017

**Location:** 40 Summit Street, Le Roy, NY

**Start Time:** 7:30 AM

**Website:** [www.tritheoatka.com](http://www.tritheoatka.com)

You can also register online at [www.finishright.com](http://www.finishright.com)

**\*\*You MUST register by June 1<sup>st</sup> to be guaranteed a t-shirt\*\***

- **Registration fees:** Until 4/30/2017 - \$20, 5/1/2017 - 7/14/2017 - \$25
- **Family of 4:** \$20 per person (must be immediate family)
- **Race Day:** \$30

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_

City/State: \_\_\_\_\_ Gender: \_\_\_\_\_

Email address: \_\_\_\_\_

Shirt Size: (check one): Small: \_\_\_\_\_ Medium: \_\_\_\_\_ Large: \_\_\_\_\_ XL: \_\_\_\_\_

**Make checks payable to:** "Tri the Oatka"

**Send registration to:** Karen Samis  
9454 South Street Road  
Le Roy, NY. 14482

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by the decision of the race officials relative to my ability to safely complete the event. I assume all risks associated with running/walking this event including, but not limited to, falls, contact with other runners, the effects of the weather, including high heat and/or humidity and the conditions of the course, all such risks being known and appreciated by me. I grant permission to the organizing groups to use any photograph, motion pictures, or recordings of my taking part in this event for any legitimate purpose. Having read this waiver acknowledging these facts and in consideration of you accepting my entry, I for myself, and everyone entitled to act on my behalf, waive and release Tri the Oatka, Volunteers, Town of Le Roy, Village of Le Roy, and any and all race sponsors from any claims or liabilities of any kind arising out of my participation in this event. I understand that all entry fees are nonrefundable. I have read this waiver and certify my compliance and agreement with its content with my signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (under 18): \_\_\_\_\_ Date: \_\_\_\_\_