



Lexington

Chapter of NYSARC, Inc.



10th Annual Family Services 5K Run & 1-Mile Walk



Saturday June 7, 2014 @ 9:00am A 2014

Grand Prix Event

Sponsored by



Registration & Packet Pickup Time: 7:00am–8:45am at Lexington, 465 N. Perry St., Johnstown NY

Entry Fees: Runners & Walkers: \$20.00 prior - \$25.00 day of race

Course: City of Johnstown streets (will be open to traffic); Start and End at Lexington, 465 N. Perry Street

Race Information: Contact: Ronnie Dona (518) 736-3889 Cathy Baxter (518) 775-5340 Jim Swart (518) 332-2977
Race Application: www.fmrrc.org | **Registration is also available at 5ktriplecrown.racewire.com**

T-shirts: Short sleeve T-shirts are available for the first 150 paid participants, runners or walkers

Awards: Male & Female overall & First 3 finishers, Male & Female, in each age group; no duplicates

————— CUT HERE & RETURN WITH ENTRY FEE —————

Runners and Walkers: Please make checks payable to Lexington and mail to Lexington, 465 N. Perry St., Johnstown, NY 12095 / Attn: Ronnie Dona

Please Choose: Age Group: 15 & under / 16-19 / 20-29 / 30-39 / 40-49 / 50-59 / 60-69 / 70 & over T-shirt size: S M L XL
CIRCLE ONE: I will participate in the 5K I will participate in the 1-Mile Walk

Name _____ Age on Race Day _____

Address _____ Sex: Male Female

City _____ State _____ Zip _____ Phone# _____

I know that running races is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with the race including, but not limited to, falls, contact with other participants, the effects of the weather, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release the race directors, Lexington Center, the City of Johnstown, and all sponsors, their representatives, and successors from all claims or liabilities of any kind arising from of my participation in the race even though that liability may arise out of the negligence or carelessness on the part of the persons in this waiver.

Signature _____ Date _____

Parent or Guardian signature (if under 18) _____