




The Arc
Lexington
New York



14th Annual Family Services 5K Run & 1-Mile Walk



Saturday June 9th, 2018 @ 9:00a.m. A 2018  Grand Prix Event

Registration & Packet Pickup Time: 7:00 a.m. – 8:45 a.m. 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 or Cathy Baxter (518) 775-5340

Race Application: www.fmrc.org; or online registration until June 6 at <https://www.zippyreg.com?event=1066>

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 age 18) : _____