

Ruth Allen Memorial Towpath Run and Walk  
August 12, 2017

Entry Form for: Run\_\_\_\_\_; Walk\_\_\_\_\_; Youth Run\_\_\_\_\_:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email(required)\_\_\_\_\_

Age as of 8/8/17 \_\_\_\_\_: Sex\_\_\_\_\_

T shirt size: Youth S\_\_\_; YM\_\_\_; YL\_\_\_; Adult S\_\_\_; M\_\_\_; L\_\_\_; XL\_\_\_;

Part of the Rt. 20 Challenge? Yes\_\_\_; No\_\_\_

WAIVER

I, the undersigned, accept full responsibility for myself and for any injuries I may incur during this race. I understand that physical exertion is inherently dangerous. Risks include, but are not limited to, my own medical and physical condition, motor vehicle traffic, road surface conditions, and the weather. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I, for myself any anyone entitled to act on my behalf, waive and release the volunteers of this race, the Town of Marshall, The Barton Hose Company, the Brothertown Association, and anyone involved with this race.

Signature

\_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature (if under 18)

\_\_\_\_\_ Date \_\_\_\_\_

Please make checks payable to "Marshall Run". Mail completed entry form and check to  
Marshall Run, PO Box 100, Deansboro, NY 13328