

Ruth Allen Memorial Towpath Run and Walk
August 11, 2018

Entry Form for: Run_____; Walk_____; Youth Run_____:

Name _____

Address _____

Phone _____

Email(required)_____

Age as of 8/11/18 _____: 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