

Send signed release and entries to:
James F. May, Broome County STOP-DWI / P.O. Box 1766, Binghamton, NY 13902

Registration Notice Pre-registration highly recommended for all categories.
Race day registration will be open from 7:30 a.m. to 9:30 a.m.
Registration closes and field is set at 9:30 a.m. sharp!

Registration:

Please Print Clearly

All Decisions of Race Director are Final

No Refunds

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Club: _____

Age: _____ Sex: ___ M ___ F Shirt Size: ___ S ___ M ___ L ___ XL

Date of Birth: _____

Phone (day): _____ Phone (evening): _____

Email: _____

Athlete's Release Form:

I know running a road race is a potentially hazardous activity which could cause injury or death. I should not enter and run unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, am in good health, and am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in the event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running this event, including high heat and/or humidity, traffic and the conditions of the road. All such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers or carriages, roller skates or blades, animals, and radio headsets are not allowed in the race and I will abide by this rule. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Broome County, the City of Binghamton and Triple Cities Runners Club, and any and all sponsors or contributors involved in this event, from all claims or liabilities of any kind arising out of my participation in the event, even though that liability may arise out of negligence or carelessness on the part of the sponsoring bodies. This release shall be binding upon my heirs, administrators, successors and assigners and those of the sponsoring organization. By this release I fully intend to discharge the said organization from any and all injuries or losses suffered by me while participating in and traveling to and from this event.

Signature: _____

Date: _____

Parents Signature
(if under 18 years) _____

Date: _____

Whom to notify in case of an emergency:

Name: _____

Phone: _____

The 5K Run entry fees are as follows: (Please check one)

\$15 registration postmarked by August 20th (No shirt)

\$25 With shirt postmarked by August 20th

\$20 postmarked after August 20th & Day of Event (No shirt)

\$30 With shirt postmarked after August 20th

Make checks payable to: CHRIS THATER MEMORIAL