



Sunday, August 2, 2008 - 9:00am

All proceeds benefit pediatric health care at Hudson Headwaters Health Network health centers

LOCATION: Race begins at R&R Auto Rebuilders (Schroon River Road, Chestertown, NY) and ends at Suzie Q's Sunshine Café (148 Tannery Road, Brant Lake, NY). Free shuttle will be available to transport participants and spectators between R&R Auto Rebuilders and Suzie Q's Sunshine Café.

CHECK IN: Saturday, August 1: 4:00pm – 6:00pm at Suzie Q's Sunshine Café
Day of Race (Sunday, August 2): 7:30am – 8:45am at R&R Auto Rebuilders

COURSE: 5K (3.1 miles) mostly flat, with slight uphill - Pick Up Maps Race Day

ENTRY FEES – DONATIONS (tax deductible): \$20.00 - Pre-Registration Fee (Received by July 27th)
\$25.00 - Race Day Registration Fee

DONATIONS: All proceeds benefit pediatric health care at Hudson Headwaters Health Network health centers

T-SHIRTS: Custom, High Quality, Short Sleeve T-shirts (First 350 Entrants)

AWARDS: Male and Female Overall and 1st-3rd in each age category (10 & under, 11-12, 13-14, 15-16, 17-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+, wheelchair)

RESULTS: Posted, No Ties, Decisions of Race Directors are Final

FACILITIES: Restrooms available at start and end of race

INFORMATION: Phone: Howard Nelson - (518) 761-0300 ext. 160 or Email: hnelson@hohn.org

-----Detach Here-----

Last Name First Name Sex (M/F)

Address City State Zip

Phone Number Date of Birth (MM/DD/YYYY) Age on Race Day

T-Shirt Size (Please check one): Youth Large Adult Small Adult Medium Adult Large Adult X-Large

I know that participating in this Hudson Headwaters Health Network event is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I am voluntarily entering and assume all risks associated with participating in the event, including, but not limited to, falls, contact with other participants, spectators or others, the effect of the weather, including, *snow, sleet and rain*, traffic and the conditions of the course, all such risks being known and appreciated by me. I grant to the Hudson Headwaters Health Network and its designee access to my medical records and physicians, as well as other information, relating to medical care that may be administered to me as a result of my participation in this event. Having read this Waiver and knowing these facts, and in consideration of your acceptance of this application, I, for myself and anyone entitled to act on my behalf, waive and release Hudson Headwater Health Network, Suzie Q's Sunshine Café, R&R Auto Rebuilders, The Adirondack Runners, the Town of Chester, the Town of Horicon, and their agencies and departments, and all sponsors, and their representatives and successors, from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in this event or related activities, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities. I grant permission to the foregoing persons and entities to use or authorize others to use any photographs, motion pictures, recordings, or any other record of my participation in this event or related activities for any legitimate purpose without remuneration.

Signature Date

Signature of Parent or Guardian (if participant is under 18 years of age) Date

Make Checks Payable To: Hudson Headwaters Foundation

Mail Entries: Hudson Headwaters Health Foundation - Care for Kids 5K Run
One Broad Street Plaza, P.O. Box 357
Glens Falls, NY 12801

Entry Fee:	\$ _____
Additional Donation:	\$ _____
Amount Enclosed:	\$ _____
Make Checks Payable To:	
Hudson Headwaters Foundation	