

DATE:

Saturday, Oct 7th

TIME: 10:00 AM

Registration Time: 8:30 to 9:00 am

Portville American Legion

BENEFITS:

Breast Cancer Awareness

Please complete the information, attach a check and send to

Portville American Legion Auxiliary Unit 814
PO Box 733, 24 South Main St, Portville, NY 14770

Angel of Hope - ROUND 7

Hosted by the Portville American Legion Auxiliary Unit 814

5K WALK/RUN

One form per registrant **(Please Print)**

NAME: _____

AGE_ _____

PHONE: _____

Male

Female

EMAIL: _____

Walking

Running

ADDRESS _____

Survivor

CITY _____ STATE _____ ZIP _____

T-SHIRTSIZE (CIRCLE ONE) S M L XL 2XL 3XL

The day of the race upon completion of your registration there will be a 20.00 registration fee to be considered for this event and receive your t-shirt. For pre- registration, before (Sept 24), the fee will be 18.00, send your registration and fee to address above. In addition to that, you can earn another t-shirt by obtaining sponsors with the amount of 50.00 to turn in the day of the race.

Make Checks Payable to:

Portville American Legion Auxiliary Unit 814

WAIVER AND RELEASE STATEMENT

(All Athletes must read and sign)

I have read the accompanying event information and understand the policies of the event. I know that running and walking in a street race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I assume all risks associated with my voluntary participation in this event, including but not limited to, falls, contact with other participants, the of the weather, including extreme temperatures, traffic and all conditions of all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf (Portville American Legion ,Portville School ,village of Portville and any / all sponsors, contributors, and donors to the Angel of Hope Event), covenant not to sue and waive, RELEASE AND DISCHARGE all sponsors. Race officials, workers or volunteers, their representatives, successors or assigns for ANYAND ALL claims or liability, whether foreseen or unforeseen, for death, personal injury or property damage arising out of. or in the course of my participation in this event. I further grant full permission to the above-mentioned sponsors, organizers and or agents authorized by them, to use any photographs videotapes, motion pictures, recordings or other record of the event for any reasonable purpose

Signature _____ Date _____

Participant Signature (or signature of Parent or Guardian If entrant is age 17 or under)

For more Information and sponsor sheets please contact: Nette Ratzel (585)307 7563 or Portville Legion (716)933 8082