# MARY CLEARY MEMORIAL 5K RUN & WALK

***SATURDAY, SEPTEMBER 17, 2016***

***To Benefit the American Cancer Society***

**www.cruisinintowaterville.com**

**www.nyroute20.com**

**Schedule:** 8:30 a.m. Runners and Walkers
10:00 – 10:30 a.m. Awards Ceremony

**Course:** The course will start at the Firemen's Pavilion n and finish in front of the Waterville Public Library, 206 White St., Waterville.

**Entry Fee:** $20 if postmarked by September 9th; $25 race morning registrants beginning at 6:30 a.m. and ending at 7:30 a.m. **FIRST 75 REGISTRANTS GET A T-SHIRT (sizes not guaranteed with late registrations)**; **Entrants collecting total donations of $150 or more, receive a t-shirt. Donations to American Cancer Society may be recorded on back of race application.**

**Awards:** **Runners:** Trophies to top Overall male and female finishers.
**Runners:** 1st, 2nd, 3rd place in each age group below
**Age Groups**: 14 and under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69 and 70+

**Packet Pick-up:** 6:30 a.m. – 7:30 a.m. on Saturday, September 17th at the Firemen's Pavilion
(Parking available at the Library and behind the pavilion).

**Questions:** E-mail kcleary@cruisinintowaterville.com or call Karen / Steve Cleary (315) 841-3350.

*Roller skates, roller blades, baby joggers, bicycles, skateboards, radio headsets and animals present hazards to runners and walkers and are strictly prohibited on the course*.

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Please make your check payable to: **Cruisin into Waterville**

Mail to: **Karen / Steve Cleary 1911 Fuess Cleary Rd., Waterville, NY 13480**

**5K Run** _____ **5K Walk** _____ Bib No _____

**Last Name** **First Name** **Sex** **Age as of 9/17/16**

**Street Address** **City** **State** **Zip**

**Phone** **E-mail** **T-shirt size:** **S** **M** **L** **XL**

**Release:** Running and walking in a race requires mental and physical preparation. I agree that I should not run or walk in this event unless I am properly trained. I agree to abide by the decision of a race official relative to my ability to safely complete the race. I assume all hazards associated with participating in this race, including falls, contact with others, the effects of the weather, including high heat and humidity, traffic and the conditions of the road, all such risks known and appreciated. Having read this waiver and understanding these facts, and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Village of Waterville, Towns of Marshall and Sangerfield, and all sponsors, organizers, and successors from all claims or liabilities of any kind arising out of my participation in the event.

**Signature:** _____ Date: _____
(Parent's or Guardian's signature if 17 years of age or younger)