

"Race the Cougar" 5K- NWCS PTO

June 2, 2019

Kids Run 9:00 AM 5K 9:30 AM

North Warren Central School

6110 State Route 8, Chestertown, NY 12817

Race starts and ends at NW and will be run through the streets of Chestertown.



First Name _____ Last Name _____ M/F

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Birthdate ___/___/___ Age on Race Day _____

Emergency Contact _____ Phone (____) _____

Entry Fee

- ___ Registration \$25.00
- ___ North Warren Student \$20.00
- ___ Race Day Registration (until 8:45) \$30.00 (no shirt)
- ___ Kids Fun Run \$10.00 (less than a mile) ages 10 and under

Packet pick up: Friday, May 31 5:00-7:00 pm
Sunday, June 2 7:00-8:45 am

Awards

Top Male & Female

Medals for top 3 male and female

in each age group

10 and under

11-14

15-19

20-29

30-39

40-49

50-59

60+

Shirts to participants registered by May 16th

Adult S M L XL XXL

Youth S M L

Release and Waiver (Please read and sign)

In consideration of accepting this entry for myself or for the person that I am registering, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against this event, the North Warren Central School District, the event staging facilities, any sponsors, as well as any person involved with this event. I fully understand that I, or the person I am responsible for, will be subject to roads and trails that may have uneven terrain, rocks, roots, and other obstacles, but that I am physically fit and have sufficiently prepared for this race. My physical condition has been verified by a licensed medical doctor. I hereby grant full permission for the event to use any photos, videos, or any other record of this event for any purpose whatsoever. I agree to the above waiver and attest that I am either the participant or the parent/legal guardian of the participant.

Initial to agree to the waiver _____

Signature of participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Registration Options:

*Mail to: North Warren PTO PO Box 365 Chestertown NY 12817** needs to be received by May 16, 2019, to receive a shirt**

*Register online at www.active.com

*Drop off at North Warren Central School: Attention Billie Jo Brown

Questions: email hillclan11@yahoo.com or call 518 232-7805