



**CVPH MAYOR'S CUP 5K RUN/WALK**  
**SATURDAY JULY 11, 2009 AT 9:00 AM**

SPONSORED BY The Wellness Center @ PARC and FOUNDATION OF CVPH  
**FUNDS RAISED TO BENEFIT THE FOUNDATION OF CVPH**  
First 100 Registered participants receive a T-shirt

MAIL COMPLETED REGISTRATION FORMS BEFORE JULY 6 TO:

**The Wellness Center @ PARC**  
**Attn: Kymberlie Sweenor**  
**295 New York Road, Plattsburgh, New York 12903**  
**Phone 324-2024**

**FEES:**

PRE-RACE REGISTRATION BEFORE JULY 6: \$15.00

RACE DAY REGISTRATION: \$20.00

**MAKE CHECKS PAYABLE TO THE FOUNDATION OF CVPH-MAYOR'S CUP 5K**

**RACE START: The Wellness Center @ PARC**

**Course: 3.1 Miles through industrial parc beginning & ending at The Wellness Center**

**NOTE:** Children under 18 must have parental consent, please sign appropriate line on bottom of the waiver.

**CVPH MAYOR'S CUP 5K RUN/WALK**

**JULY 11, 2004, 9:00AM**

**NAME:** \_\_\_\_\_ **PARENT/GUARDIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **5K RUN** \_\_\_\_\_ **5K WALK** \_\_\_\_\_

**SEX:** \_\_\_\_\_ **RACE DAY AGE:** \_\_\_\_\_ **T-SHIRT (CIRCLE ONE):** S MED L XL

**AMATEUR ATHLETE WAIVER AND RELEASE OF LIABILITY**

I know that running a road race is a potentially hazardous activity and that I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely compete in the run. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather including high heat and/or humidity, traffic, and the conditions of the road and course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of being permitted to participate in the CVPH Mayor's Cup 5K Run/Walk, I for myself and for anyone entitled to act on my behalf do here by waive and release the City of Plattsburgh, CVPH, Media Central, Pepsi, the employees, volunteers, and other participants associated with this event, from all claims, damages and liabilities of any kind that may arise out of my participating in the event, even though that liability may arise out of negligence or carelessness on the part of a person(s) named in this waiver and release. *I/We have read the above waiver and release of liability. I/We understand that I/We give up substantial rights by signing it, and do sign it voluntarily.*

ATHLETE'S SIGNATURE AND DATE

PARENT/GUARDIAN