



**Commemorative Event for the 50<sup>th</sup> Anniversary of the Removal**  
**Saturday, September 20, 2014 9:00 A.M. Registrations starts at 8:30.**  
**Pre-Registration forms submitted to SNI THPO PO Box 231, Salamanca, NY 14779**

All runners and walkers are required to complete this form.

**Registrant Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell # \_\_\_\_\_ Email Address \_\_\_\_\_

**Please check one:**

Drop off at Rte 280 S State Line at Cornplanter Cemetery- distance to Wolf Run 5 miles   
Drop off at State Line – distance to Friends’ Boat Launch- 8 miles   
Drop off at Wolf’s Run- distance to Friends Boat Launch – 3 miles

**The course is on a public road. Safety of all participants is a priority. All youth must be accompanied and supervised by an adult at all times.**

**T-Shirt Size**

Adult  Medium  Large  XL  2XL  3XL  4XL

Youth  Medium  Large \* Size availability may be limited

**Waiver**

**Each participant must read and sign below:**

I know that an athletic event is a potentially hazardous activity. I should not 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 assume all risks associated with participating in this event, including, but not limited to: contact with other participants, the effects of the weather, including high winds, rain, snow, traffic and the condition of the trail, all such risks being known and appreciated by me. Having read this waiver and knowing 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 Seneca Nation of Indians and all sponsors, their representatives, employees, volunteers and successors from all claims or liabilities of any kind arising out of my participation in this event. I also give my permission for the use of any photographs or video taken of me for publicity purposes only.

Participant’s Name (Please Print): \_\_\_\_\_

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if participant is under 18): \_\_\_\_\_