



5K Run/Walk

September 15, 2013

Starting Line:
Early Childhood Learning Center
12857 Route 438
Irving, NY 14081
Start Time: 9:00am

**All registrants will receive dri performance shirts.
 Register early to ensure your size will be available on race day.**

Awards:

The top male and female finishers will receive awards as well as the top three finishers in each age group. The walk is not competitive.

This race supports Food Is Our Medicine Project sponsored by Seneca Diabetes Foundation

Packet Pickup and Late Registration

Registration and early packet pickup is available Friday, September 13th from 8:00am - 4:30pm at the William Seneca Building, 2nd Floor Planning Department 12837 Route 438, Irving, NY 14081
 Late registration and packet pickup is also available on race day from 8:00am - 8:30am.

Entry Fees

Yes, I would like to run/walk:

- \$15 (18 and under & 60+)
- \$20 (before 9/6)
- \$25(9/6 and after)

No, I'm not interested in the run/walk, but I would like to make a contribution:

- \$25 \$50
- \$ _____

Email:
 charlotte.jemison@sni.org
 or
 william.bighorse@sni.org

Make checks payable to: Seneca Diabetes Foundation
Mail to: 12837 Route 438 Irving NY 14081



Last Name		First Name		M.I
Number and Street				
Town/City	State	Zip/Postcode	How did you hear about the race?	Shirt size: Circle one S M L XL 2X
Sex	Age	Birth Date	Check one: <input type="checkbox"/> Run <input type="checkbox"/> Walk <input type="text"/> Email <input type="text"/> Phone <input type="text"/>	

Emergency Contact Name:

Phone:

I know that running or walking in a road race is a potentially dangerous activity. 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 complete the run. I assume all risks associated with running or walking in this event including, but not limited to, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, 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 formally waive and release the Fall Festival Committee, the 5k Walk and Run Committee, the Town of Irving and all race sponsors, supporters and officials, their representatives and successors from all claims of liabilities of any kind arising out of this event for any legitimate purpose.

Signature _____ Date _____ Parent/Guardian if under 18 _____

**1st Annual
 Food Is Our Medicine
 5k
 Run/Walk
 Sponsored by
 Seneca
 Diabetes
 Foundation**