

HEALTHY KIDS DAY 5K RUN/WALK

Olean Family YMCA

Saturday, April 26, 2014

Proceeds to benefit the
Suicide Prevention Coalition of Cattaraugus County

Sponsored by the
Early Identification &
Recognition Program
of Cattaraugus
County

Last Name

First Name

Mailing Address

City

State

Zip

Phone number

Date of Birth

Age on Race Day

Gender

Entry Category/Fee:

☐ Runner 5K (\$20 per runner)

☐ Walker 1 mile (\$20 per walker)

Registration starts at 8:30AM Race starts at 9:00AM
\$20 per person for registrations received by Friday, April 25, 2014
\$30 per person for registering on day of race

Please make your check or money order payable to: Cattaraugus Community Action

Please mail entry forms
and payment to...

Cattaraugus County
Attn: Meghan Monahan
1 Leo Moss Drive
Suite 4308
Olean, NY 14760



Contact Meghan Monahan
Phone: (716) 701-3315
Fax: (716) 701-3729
E-mail: mcmonahan@cattco.org

Photographic Release: I give my full consent and permission to Cattaraugus County Dept of Community Services and the Olean YMCA and assign the irrevocable right to use, for any purpose and without compensation, any photographs, videotapes, audiotapes, or other recordings of me that are made during the course of this event.

WAIVER AND RELEASE OF CLAIMS

I understand that my consent to these provisions is given consideration for being permitted to participate in this Event. I further understand that I may be removed from completion of this competition if I do not follow all the rules of this Event. I am a voluntary participant in this Event, and in good physical condition. I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY VOLUNTARILY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR, AND THE RISK OF, ANY INJURY OR ACCIDENT THAT MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT. I, FOR MYSELF, MY NEXT OF KIN, MY MINOR CHILDREN THAT ATTEND THIS EVENT, MY HEIRS, ADMINISTRATORS, AND EXECUTORS, HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THE CATTARAUGUS COUNTY DEPARTMENT OF COMMUNITY SERVICES, THE OLEAN YMCA, THEIR AFFILIATES AND ANY AFFILIATED INDIVIDUALS, ANY EVENT SPONSORS AND THEIR AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS OR ENTITIES ASSOCIATED WITH THIS EVENT (COLLECTIVELY, THE RELEASEES) FOR ANY INJURY OR DAMAGES I MIGHT SUFFER IN CONNECTION WITH MY PARTICIPATION IN THIS EVENT OR WHILE ON THE PREMISES OF THIS EVENT. THIS RELEASE APPLIES TO ANY AND ALL LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, INCLUDING, BUT NOT LIMITED TO PERSONAL INJURY OR DAMAGES SUFFERED BY ME OR OTHERS, WHETHER SUCH LOSSES, LIABILITIES, OR CLAIMS BE CAUSED BY FALLS, CONTACT WITH AND/OR THE ACTIONS OF OTHER PARTICIPANTS, CONTACT WITH FIXED OR NON-FIXED OBJECTS, CONTACT WITH ANIMALS, CONDITIONS OF THE PREMISES OF THE EVENT, NEGLIGENCE OF THE RELEASEES, RISKS NOT KNOWN TO ME OR NOT REASONABLY FORSEEABLE AT THIS TIME OR OTHERWISE. This Photographic Release and Waiver and Release of Claims (Collectively, the "Release") shall be construed under the laws of the state in which the Event is held. I understand that I have given up my substantial rights by signing this Release, and I have signed it freely and voluntarily without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of liability to the greatest extent allowable by law.

Runner/Walker's Name

Signature

Parent/Guardian Signature if under 18

Date