

# Wilcox Fun(d) Run 3K/5K at Chautauqua Registration

Saturday, August 6, 2016 Rain or Shine!  
 Check-in begins 8:30 am; Race starts 9:30 am  
 The Green (Main St. and Cayuga St.) Homer, NY

*For more information or to register online:* [chautauqua5k.com](http://chautauqua5k.com)

Name: \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

T-shirt Size: \_\_\_\_ Small \_\_\_\_ Medium \_\_\_\_ Large \_\_\_\_ X-Large \_\_\_\_ 2XL

**Must register by July 22 to be guaranteed a t-shirt.**

## GROUP/FAMILY REGISTRATION (Groups of 4 or 5)

Names of Additional Registrants	Age	Shirt Size Adult: S, M, L, XL, 2XL Youth: S, M, L

## PAYMENT

<p>____ Individual - \$20</p> <p>____ Family/Group of 4 - \$40</p> <p>____ Family/Group of 5 - \$50</p>	<p><b>Registration Total</b>                  \$ _____</p> <p><b>Check or Money Order Payable to:</b>  <b>Cortland County Council of Churches</b></p>
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## RACE WAIVER

I know that running a road race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able to participate, and by my signature, I certify that I am medically able to perform this event and am in good health. 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. I, for myself and anyone entitled to act on my behalf, waive and release the Cortland County Council of Churches, the village of Homer, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I take responsibility for all registrants listed on this form under the age of 18. I grant permission to use my image in photographs or video or any other record of this event for any legitimate purpose.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **For Group/Family Registrants (over 18):**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Mail Registration Forms/Payment to:**

**Wilcox Fund Run  
c/o Carol Costell Corbin  
8 Woodland Ave  
Cortland, NY 13045**

### **Questions?**

[carol.costellcorbin@gmail.com](mailto:carol.costellcorbin@gmail.com)