

The Vernon Fall Kids Run

Sunday, September 14th, 2014 – Vernon Town Hall, NY

Name: _____ Sex: _____ Age (9/14/14): _____

Address: _____

City: _____ State: _____ Zip _____

How did you hear about the event??

Lawn sign ___ Poster ___ Website ___ Friend or referral ___ Other _____

Kid ½ Mile Run: _____ Kid Mile Run: _____

Registration Fees: Kid Run: \$5.00. Race packet promised to first 50 registered

Accepting registrations day of event no later than 8:30 AM. Race starts @ 9AM *Medals for all kids that participate!!

****Any funds raised above cost will be donated to FEED OUR VETS Organization.**** There will be no refunds.

Please send registration and check payable to:

Vernon Fall Run, C/O Vernon Fall Run, P.O. Box 643, Vernon, N.Y. 13476

I agree to hold harmless Town of Vernon and Village of Vernon, the race committee, vendors, volunteers, and sponsors, from all cost and liability arising out of my participation. I hereby waive all my claims for damage or loss to my person or property which may be caused directly or indirectly from my participation and hereby assume liability for any loss, damage, or other liability from the Vernon Fall Run 2014. I give my permission for medical release should I be involved in any accident or health-damaging situation or should I require medical treatment. I hereby attest that I am in proper health and physical condition to participate. I hereby grant full permission to use any photographs, videotapes, recordings or any other record of this event for promotional purposes.

_____ _Date: _____

Signature (participant or parent/guardian if under 18)