



**LARRY HYNES MEMORIAL 5K
XC RUN / WALK
SATURDAY, AUGUST 13, 2011**

Date: August 13, 2011

Time: 9:00 AM Start

7 – 8:30 AM Registration

Place: Hickories Park, Owego, NY

The proceeds will be divided among the Larry Hynes Scholarship Fund, American Institute for Cancer Research, Tioga County Rural Ministry, and the American Diabetes Association.

Entry Fees:

1 Loop Walk \$5.00 No Shirt

5K pre-registered \$12.00 if postmarked by July 30th

T-Shirts to first 200 registered

5K No shirt \$10.00 preregistered by July 30th

KIDS FUN RUN / NO CHARGE

Race Day 5K Registration \$15.00 (NO SHIRT)

Family cap - \$30.00 2 T-shirts – first 200 registered

To be a Sponsor:

\$250 Corporate

\$100 Family

For more information contact

Kathy Anderson at 785-8284

or Lynn Gilyard at 754-5811

Fee includes shirt and post race refreshments.

5K Awards: Top 3 Male and Female overall and
3 deep in five-year age groups.

12 & under, 13-15, 16-18, 19-24, 25-29, 30-34, 35-39,
40-44, 45-49, 50-54, 55-59, 60+ & Mid-pack M/F

Make checks payable to: “Larry Hynes Memorial 5K Run/Walk”

Mail Registrations to: Kathy Anderson
2712 Plaza Drive
Endwell, NY 13760

REGISTRATION FORM FOR EACH PARTICIPANT IN WALK/5k RUN – PLEASE SIGN FORM

WAIVER: I know that running a XC/road race is potentially a hazardous activity. I shouldn't enter and run 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 the risks associated with running this event including, but not limited to, falls, contact with other participants, the effects of weather, traffic, and the conditions of the roads, 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 race organizers, the TCRC, Larry Hynes Scholarship, Runnin Tigers, Town of Owego, Hickories Park, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. No running strollers or headsets allowed during this race.

I will (please check one) Run 5K Walk Donate/Sponsor

First Name _____ Last Name _____

Street Address _____

City, State, Zip _____

Sex: M/F _____ Date of Birth _____ Age on Race day _____

Shirt Size (Adult) S _____ M _____ L _____ XL _____ **** (T-shirts for first 200 registered)**
Phone Number _____ E-Mail Address _____

Parent or guardian signature if participant is under 18 _____

Signature of Participant _____