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| **WHEN**  Sunday, September 30, 2018  5K Trail Run – 9:30 a.m.  1M Fun Run – 10:30 a.m. | **WHERE**  5k from Reis Park to SHS lower fields & bus depot. Finish near the Pavilion. 1M Fun Run to & from Primrose. | **FREE T-SHIRTS** – For the first 100 5K Trail Run registrants  **5K AWARDS** – Top three finishers by age and gender category |
| **COST TO REGISTER *\*(Early Bird Rates through 9/20/18)\**** | |
| **\*Early Bird Rates\***  5K – $15/person  1M – $10/person or $30/family | **Rates after 9/20**  5K – $20/person  1M – $15/person or $35/family | **Proceeds will benefit the Somers Library. Thank you for your support!** |
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| **RACE-DAY CHECK-IN and/or SAME-DAY REGISTRATION**  Starts at 8 a.m. at the Reis Park Pavilion | | ***Stay for lunch! 2nd Annual SEF Chili***  ***Cook-off in Park follows the race*** |

**Please complete all fields, and sign and return form. A signed form is required for each registrant.**

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| **Last Name** | | **First Name** | | | | | | | **Date of Birth** | | |
| **Email** | | | | | **Phone(s)** | | | | | | |
| **Address** | | | **City** | | | **State** | | | | | **Zip** |
| **Event**  5K Trail Run  1-M Fun Run | **5K T-shirt Size**   XS  S  M  L  XL  XXL | | | | | | | | | **Gender**  M  F | |
| **Family Members** (list all under 18 besides you who will do the Fun Run) | | | | | | | | | | | |
| **Emergency Contact** | | | | **Emergency Phone** | | | | | | | |
| **Payment: Check the appropriate box below to indicate your payment option. Please consider making a tax-deductible gift to the Somers Library Foundation by adding a donation amount to your total payment. Thank you!** | | | | | | | | | | | |
| **Pay by check** – I have enclosed a check payable to Somers Library Foundation in the amount of $ | | | | | | | |  | | | |
| **Pay by credit card** – To pay by credit card, please go to our [website](http://somerslibraryfoundation.org/2018-trail-run-and-family-fun-run-registration/). Please mail your form to our PO box below. | | | | | | | | | | | |
| **If you are an employee/family member of a Gold or Silver Sponsor, enter Sponsor’s name** | | | | | | |  | | | | |
| **Mail your form(s) and check (if applicable) to: SOMERS LIBRARY FOUNDATION, PO BOX 235, SOMERS, NEW YORK 10589.** | | | | | | | | | | | |
| *Note: You may also register and pay on* [*Active.com*](https://endurancecui.active.com/event-reg/select-race?e=55481853)*, but Active will charge you a processing fee of $3.95 in addition to registration fees* | | | | | | | | | | | |
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| **Waiver:** I know that participating in a trail race/run or walk is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I agree to abide by any decision of race/run official relative to my ability to safely complete the event. I assume all risks associated in this event including, but not limited to: falls, contact with other participants, effects of the weather, including high heat and/or humidity, traffic and the conditions of the trail, 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 my behalf, waive and release the Somers Library Foundation and 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 or entities named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals and radio headsets are not allowed in the 5K race/run or walk and I will abide by this guideline. As a participant in the above program, I recognize and acknowledge that there are certain risks of physical injury. I agree to assume the full risk of any injuries, damages or loss, which I or my child may sustain as a result of such participation. I further understand that the Town of Somers does not provide accidental medical coverage and it is my responsibility to provided appropriate coverage. I agree to waive and relinquish all claims and hold harmless the Town of Somers Parks & Recreation, its officers, agents, and employees from any and all claims. | | | | | | | | | | | |
| **SIGNATURE OF PARTICIPANT**  **(IF UNDER 18, PARENT’S SIGNATURE)** | | | | | | | | | | | |

Somers Library Foundation | PO Box 235 | Somers, New York 10589

**Questions?** Email us at [SLF@wlsmail.org](mailto:SLF@wlsmail.org) or call us at 914.361.9979