



Treetops to Rooftops 5K



MHRRC is proud to have MVP Health Care as our race sponsor.

Date: Saturday, June 12, 2010

Time: Race starts at 8:00 am

Place: Walkway Entrance, Highland, NY

Race Day Registration: Opens at 7:00 am

Fee: 5K Preregistration ends June 10
\$18.00 MHRRC members
\$20.00 non-members if received by June 10, 2010
\$22.00 race day registration

Awards: 5K

Men: 12 and under, 13-15, 16-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80+

Women: 12 and under, 13-15, 16-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80+

Info: Susanne O'Neil, (845) 452-2932 ext. 9721 or soneil10@yahoo.com

Pre-Registration: Use the MHRRC shopping cart or
Checks payable to Mid-Hudson Road Runners Club
Send to Susanne O'Neil, 28 Arnold Blvd, Poughkeepsie, NY 12603

Restrictions: No roller blades, baby strollers, dogs, showers

I know that running and road racing are potentially hazardous activities. I will not enter this race unless I am medically able and properly trained. I assume all risks associated with this event, including but not limited to, falls, contact with other participants, the effects of the weather including low temperature and/or precipitation, traffic, and the condition of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, in consideration of accepting this entry, I, the undersigned, intending to be legally bound, for myself, my heirs, executors, and administrators, waive and release any and all claims for damages I may have against the Mid-Hudson Road Runners Club, Walkway over the Hudson, Towns of Highland and Poughkeepsie, Race Director, and their agents, employees representatives, successors, and assigns, from any and all liabilities, claims, demands, and causes of action whatsoever arising directly or indirectly from my participation in this event. I also release my rights to all photos, videos, images, etc. take of me during this event.

Name: _____

Address: _____

Zip code: _____

Phone: _____

Signature: _____

(Parent's signature if under 18)

Age: ____ **Gender:** F M

Date of Birth: _____

Tee shirt size: S M L XL

Email address: _____

