

2nd Annual

Catholic Charities' Family Color Run/Walk



July 21, 2018

Keith Clark Park, Sidney, NY

Registration 8:15 am to 8:45 am

Event Start 9:00 am

Registration Fee: \$12 per person (with shirt) if pre-registered before July 6, 2018 (Family of 4+: \$40.00)
\$15 per person July 7th through day of the event (with shirt while supplies last) (Family of 4+: \$55.00)

Checks payable to: Catholic Charities DOS
Mail with this form to: Catholic Charities, ATTN: Tracey, 176 Main Street, Oneonta NY 13820

For any questions please contact Tracey Martindale at (607) 432-0061 or tmartindale@charitiesccdo.org

Unisex Shirt Size: _____ Street Address: _____

Full Name: _____ DOB: _____ S/M/L/XL/XXL/XXXL City: _____ State: _____ Zip: _____

Full Name: _____ DOB: _____ S/M/L/XL/XXL/XXXL Phone: _____

Full Name: _____ DOB: _____ S/M/L/XL/XXL/XXXL E-Mail: _____

Emergency Contact: _____ Relationship: _____ Phone: _____
Alternate Phone: _____

Waiver: I know that running a road race is potentially a hazardous activity. I should not enter and run less I am medically able to 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 and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to any on my behalf, wait and release the race organizers, Catholic Charities of Delaware, Otsego, and Schoharie Counties, all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this even though that liability may arise out of negligence or carelessness on the part of the persons names in this waiver. No running strollers, animals or headsets/ ear buds are allowed during this run/walk.

PHOTO & MEDIA RELEASE/CONSENT: *In this release and consent, the phrase "Catholic Charities" means Catholic Charities of the Diocese of Albany and any of its agencies or affiliates.* I hereby authorize and consent to the use of photographs, recordings or video of myself or my child/dependent, and/or any copies of the photograph, recording or video in any editorial or promotional material produced or published by Catholic Charities. I understand that I will not be compensated for the use of my image or story. I may revoke or withdraw this permission at any time to prohibit future use of my image or information by contacting Catholic Charities in writing. I acknowledge that the use of my image or story may in some cases contain individually identifiable health information or description*. I understand and agree that said information about me or my child used or disclosed pursuant to this authorization and consent may be subject to re-disclosure by the recipient and will no longer be protected by the federal regulations protecting privacy of an individual's health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and other applicable federal and state laws. I hereby release any and all claims associated with the use of my image or story including any re-disclosure of same. If my signature appears below without the signature of a parent or guardian, it means that I have reached the age of 18 and that I have full authority to give the permissions stated in this release.

Signature: _____ Printed Name: _____ Date: _____

Signature: _____ Printed Name: _____ Date: _____

I am a Parent (or Guardian) of the Minor(s) listed on this registration form and I hereby Agree that I and the said Minor(s) will be bound by all the Provisions Contained herein.

Signature: _____ Printed Name: _____ Date: _____