

Catholic Charities Family Color Run/Walk



July 15, 2017

Keith Clark Park, Sidney, NY

Gift Bags

To the first 100 participants to register

Registration From 8:15 am to 8:45 am

Event starts at 9:00 am

Registration Fee:

\$12 Per person (with shirt) if pre-registered before June 30, 2017

\$15 Per person day of event (with shirt while supplies last)

Registration forms can be picked up or accessed online:

176 Main Street, Oneonta, NY 13820

21 Liberty St, Sidney, NY 13838

489 W Main St, Cobleskill, NY 12043

www.CharitiesCCDOS.org

OR

Sidney Chamber office, 85 Main Street, Sidney

Children under 12 must be accompanied by an adult

Proceeds will go to the Sidney Catholic Charities office

Parking will be at Sidney Elks Club - River Street



Sidney United Way





CATHOLIC CHARITIES OF DELAWARE, OTSEGO, AND SCHOHARIE COUNTIES

FAMILY COLOR RUN/WALK

Saturday, July 15, 2017

Run begins at 9:00 am

Race Day Registration and check-In 8:15 am to 8:45 am

*****First 100 people to register will get gift bags and a color packet*****

Pre-registration May 22nd – June 30th

Registration fee to run/walk: \$12.00 per person (with shirt) if pre-registered before June 30, 2017

\$15.00 Day of event (with shirt while supplies last)

Note: Limited quantity of shirts available -- first come first served with registrations after June 30th.

Shirt Size: S____ M____ L____ XL____

Make checks payable to: CCDOS
ATTN: Tracey
Catholic Charities of Delaware, Otsego, and Schoharie Counties
176 Main Street
Oneonta, NY 13820

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

Last Name _____ First Name _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____



WAIVER

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, waive 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 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.

Participant Name (Print): _____ Date: _____

Signature: _____ Date: _____

Parent's Signature: _____ Date: _____
(If participant is under 18 years old)

Emergency Contact

Contact Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

NOTE: No pets allowed on the course



CATHOLIC CHARITIES 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.

Date

**I am a Parent (or Guardian) of the Minor
who has signed this Release and Consent and
I hereby Agree that I and the said Minor will
be bound by all the Provisions Contained herein**

Signature

Printed Name

Signature of Parent or Guardian
(if person is under the age of 18)

Date of Birth

Address

Phone

* Individually Identifiable Health Information may include photographs of clients receiving services at an agency such as Catholic Charities Disabilities Services. A photocopy of this release shall be as valid as the original. Please contact Catholic Charities Marketing at 518-453-6650 with any questions.