



RUN FOR PARKINSON'S



5K Classic

May 18, 2014 at 9 am
Corning Preserve



**Application for the 3rd Annual Run for Parkinson's 5K Classic to benefit the
Parkinson's Research Fund at Albany Medical Center & Capital District YMCA**

Submit registration form and payment to: Hope Soars, 1410 Maple Hill Road, Castleton, NY 12033

www.hope soars.org 518.428.0056

Teams of 5 or more \$20 Entry Fee per person!

NAME: _____ SEX: ___ F ___ M

ADDRESS: _____ *Team Name if applicable*

CITY/STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ MON / DAY / YEAR AGE: _____ WHEELCHAIR _____

T-SHIRT SIZE: __S __M __L __XL **SUBMIT ENTRY FEE OF \$25.00 BY 5/11/2014 TO GUARANTEE T-SHIRT.**

Payment: Check or MC Visa Discover Card Number _____ Exp Date ____/____

RELEASE: In consideration of the acceptance of my entry, I, on behalf of myself, my heirs, executors, administrators and assignees, hereby release myself and discharge: Run4Parkinsons, Hope Soars, Parkinson's Albany, Albany County, the City of Albany and all other sponsors, partners or beneficiaries and their representatives, successors and assignees from any and all claims for damages and causes of action arising from or out of my participation in the Parkinson's Albany 5k Classic. I attest that I am physically fit and that my condition has been verified by a physician. I am aware that the medical support for this event will be volunteer medical personnel who will be prepared to administer first aid only. I hereby grant permission to Parkinson's Albany, Hope Soars and any other sponsors of this event to use all information submitted in this application, and any record of this race containing my likeness, as well as race results including my name and competition time, for any purpose whatsoever, including, but not limited to, pre-race publicity. I hereby certify that I have read all terms and conditions of this release and intend to be legally bound thereby. I agree to pay the entry fee and processing fee in effect at the time of application. I also agree to pay any processing fees resulting from the denial of my dispute of the charge, should it arise.

Participant Signature _____

Parent and/or Guardian (if under 18) _____