



# RUN FOR PARKINSON'S

5K CLASSIC

Sunday, April 28, 2019  
9 AM ♦ Corning Preserve

Our 8<sup>th</sup> annual run will benefit the *Parkinson's Research Fund* at Albany Medical Center.

Online registration is available at [www.hopesoars.org](http://www.hopesoars.org) OR you may submit registration form and check payable to Hope Soars. Mail form(s) and payment to us at 1410 Maple Hill Road, Castleton, NY 12033.

More information at [www.hope soars.org](http://www.hope soars.org) or call 518.428.0056

**Entry fee \$30. Teams of 5 or more \$25 Entry Fee per runner!**

NAME: \_\_\_\_\_ SEX: \_\_\_ F \_\_\_ M  
ADDRESS: \_\_\_\_\_ TEAM RUNNING WITH A TEAM?  
ENTER NAME HERE \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
DATE OF BIRTH: MON / DAY / YEAR \_\_\_\_\_ AGE: \_\_\_\_\_ WHEELCHAIR \_\_\_\_\_  
T-SHIRT SIZE: \_\_\_S \_\_\_M \_\_\_L \_\_\_XL **SUBMIT ENTRY FEE BY 4/13/2019 TO GUARANTEE T-SHIRT.**

**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: Hope Soars, 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 Hope Soars 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 Hope Soars, Albany Medical Center 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)