



Haynes House of Hope presents
SLATE VALLEY BREW RUN

10k Run | 5 K Run | Walk & 1 Mile Kids Run
Saturday, October 12, 2019
Village Park, Quaker St., Granville, NY
10k 8:30 a.m. | 1 Mile Kids Run 9 a.m. | 5K Run/Walk 10 a.m.

THANKS TO OUR LEAD SPONSORS
SLATE TOWN BREWING CO. & SLYBORO CIDERHOUSE



SCENIC RACE + FARM BREWERY/TAPROOM PERKS

Unique run/walk amidst the fall foliage of the NY & VT countryside over a rail trail, country roadways and a covered footbridge. **First 125 registrants receive a race logo pint glass!**

Over-21 participants get a free pint of craft beer at the Slate Town Brewing Company.
Or, enjoy a glass of Slyboro Cider from Hicks Orchard!

PRE-REGISTRATION: PAPER BY MAIL

Mail entry form to: Haynes House of Hope c/o Peter O'Brien, P.O. Box 356, Granville, NY 12832
Make checks payable to Haynes House of Hope

PRE-REGISTRATION: ONLINE AT ACTIVE.COM

<https://www.active.com/granville-ny/running/distance-running-races/slate-valley-brew-run-5k-and-10k-2019>

ENTRY FEES

5K RACE REGISTRATION: \$25 advance | \$30 race day
10K RACE REGISTRATION: \$30 advance | \$35 race day
RUN BOTH 10K and 5k: \$30 advance | \$35 race day
YOUTH REGISTRATION (age 17 and under) \$15 for 5K or 10K | 1 Mile Kids Run - Free

RACE DAY REGISTRATION: 7:30 - 9:30 AM

AWARDS

1st Place Fastest Overall Male & Female Runners in 10K and 5K
1st - 3rd Place Runners by Age Groups

Registration and Waiver Form (Complete All Sections)

Name: _____ Sex: _____

Email: _____ Age on Date of Event: _____

Event: 10K 5 K 10K and 5K 1 Mile Kids Run

Address: _____ Town or City: _____

State: _____ Zip Code: _____ Telephone: () _____

Emergency Contact: _____ Relationship: _____ Contact #: _____

PLEASE COMPLETE REGISTRATION WAIVER (2ND PAGE)
Must also be signed by parent if participant is under age 18.

Official Use Area:

Registration Number _____

Paid Yes or No

Date Received _____

BIB Number _____

WAIVER OF LIABILITY

As a participant in the Haynes House of Hope Slate Valley Brew Run, I, for myself, my executor, administrators, and assigns, do hereby release and discharge Haynes House of Hope and any event organizers & sponsors, including private individuals and contributing businesses and organizations and municipalities, as well as their representatives or successors from all claims of damages, demands, actions, and causes whatsoever, in any manner arising or growing out of my participation or that of my child in this event.

I give my full permission for the use of my name & photography in this event or that of my child in this event.

I give full permission for such first aid as is deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

If the participant is under age 18: My child, _____, has my permission to participate in the Haynes House of Hope Slate Valley Brew Run.

Name: _____ Signature: _____

Date: ____/____/____

Parent: _____ Signature: _____

Date: ____/____/____

Entry Fee \$ _____ Donation \$ _____

Amount Enclosed \$ _____ Race 10K 5k 1 mile

MORE INFO: Contact Peter O'Brien at 518-321-9640 or slatevalleybrewrun@gmail.com

Proceeds from the Slate Valley Brew Run and any additional donations benefit Haynes House of Hope, a 501(c)3 nonprofit organization caring for the terminally ill & their families, located in South Granville, New York.

Official Use Area:

Registration Number _____

Paid Yes or No

Date Received _____

BIB Number _____