



Trek for Hope

5 K Run/Walk & 1 Mile Kids Run

Sunday, October 8, 2017

Village Park, Quaker St., Granville, NY

1 Mile Kids Run @ 9 A.M. & 5K Run/Walk @ 9:30 A.M.

**Unique run/walk amidst the fall foliage of the NY & VT countryside over rail
& cross country trails, country roadways & a covered footbridge!**

Entry Fees: \$ 15 - Preregistration (see below)

\$20 – Day of Event \$10 – Age 18 & younger

Registration begins @ 8:00 A.M. to 9 A.M.

Preregistration - Mail entry form & check payable to Haynes House of Hope,
c/o Peter O'Brien, P.O. Box 356, Granville, NY 12832

Shirts: T-shirts to first 100 registrants.

Awards: 1st Place Fastest Overall Male & Female Runners & 1st – 3rd Place Runners by Age Categories

Registration and Waiver Form (Complete All Sections)

Name: _____ **Sex:** _____ **Age on Date of Event:** _____

Event: 5 K Mile Kids Run **T-Shirt Size:** Small Medium Large X Large (sizes not guaranteed)

Address: _____ **Town or City:** _____ **State:** _____

Zip Code: _____ **Telephone:** () _____ **Email:** _____

Emergency Contact: _____ **Relationship:** _____ **Contact #:** _____

Waiver must also be signed by parent if participant is under age 18.

- As a participant in the Haynes House of Hope Trek for Hope, 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 Trek for Hope.

Name: _____ **Signature:** _____ **Date:** ____/____/____

Parent: _____ **Signature:** _____ **Date:** ____/____/____

Entry Fee \$ _____ **Donation \$** _____ **Amount Enclosed \$** _____ **Race** 5k 1 mile

Info: Contact Peter O'Brien @ (518) 321-9640 or obrienfour@verizon.net

Proceeds benefit Haynes House of Hope, a 501(c)3 nonprofit organization caring for the terminally ill & their families.

Official Use Area:

Registration Number _____

Paid Yes or No

Date Received _____

BIB Number _____