

Vestal Elks Lodge #2508



The Pink Elk 5K Run/Walk

When: April 29th. 2018 at 10:00 AM
Registration: 8:30 AM to 9:45 AM

Where: Vestal Elks Lodge #2508
2071 Vestal Parkway West, Vestal, NY 13850

Fee: \$20.00 Pre-registration (Includes T-Shirt)

Family Price (Pre-registration): \$20 for first entry and \$10 for each additional entry (Spouse and Children under 18yrs old)

Pre-Registration Deadline: April 21, 2018

\$25.00 Day of Race (T-Shirts will be limited)

Contact: Jake Brown at wmjbrown@gmail.com

All Proceeds benefit Traci's Hope and Vestal Elks Club Veteran Committee

Follow us on Facebook- The Pink Elk 5K Run/Walk

Reminder- A Packet Pickup event will be on April 28th, 2018 from 8am to 11am at Vestal Elks Lodge #2508. This event includes a free Pancake Breakfast for all register participants. Additional tickets can be brought in advance for \$5 or at the door. More information on Facebook- 6th Pink Elk 5K.

6th Annual 5K Run/Walk

Registration Form

Last Name _____ First Name _____

Sex M F Age on Race Day _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail _____

T-Shirt Size- S ___ M ___ L ___ XL ___ XXL ___ Youth Size _____

Waiver:

I know that running a road race is potentially a hazardous activity. I should not enter and run unless I am medically able 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 road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in the consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the race organizers, sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature _____ Date _____

Parent's Signature (if under 18) _____ Date _____

Mail to: Jake Brown
1965 Arbor Glade Rd
Apalachin, NY 13732

Make Checks Payable to: **The Pink Elk 5K**