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SPONSOR LIST UPDATED 7/27/2016



2016
FORESTBURGH
5K RUN/WALK
ENTRY FORM

Saturday August 20, 2016
8:30 AM

Forestburgh5K.com

A Timed 5K Race to Benefit...



HospiceofOrange.com

(USATF #NY12129JG)

Map & Directions

From Monticello:

Go 3.7 miles past Monticello High School on Rt. 42 South. Make a left at the sign for "Lake Joseph". Race starts at intersection of Lake Joseph Rd. and Adam Rd.



T-Shirts given to the first
150 Registrants

Awards given to top 3 runners in
each age group and to overall men
and women racers.



Forestburgh 5K Entry Form

Entry Fee: \$18 (\$20 on race-day)
Children 10 and under FREE

Make Check Payable to:
Hospice of Orange and Sullivan
Counties, Inc.

Mail Form & Entry Fee to:
Forestburgh 5K Run/Walk
332 King Road
Forestburgh, NY 12777

Website: Forestburgh5K.com
E-mail: Forestburgh5K@gmail.com



Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Age: (on race-day) _____

E-mail: _____ Sex: Male _____ Female _____

Run _____ Walk _____ T-shirt size (circle): S M L XL

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AGREEMENT (PLEASE READ CAREFULLY)

In consideration of your accepting this entry, I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims I may have relating to this 5K event, against Hospice of Orange and Sullivan Counties, Inc., Lake Joseph H.O.A., Republic Lake Joseph, The Inn at Lake Joseph, Town of Forestburgh, the 5K Race Committee, the 5K race volunteers and any and all sponsors, their representatives, successors, assigns, employees, members. I have been advised that a portion of the course is off-road with an uneven surface and I specifically assume the risk of running on such a surface. That I will participate in this event as a foot entrant, that I am physically fit and have been sufficiently trained for the completion of this event, whichever I hereby apply for or both if I so choose, and my physical condition has been verified by a licensed Medical Doctor. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature: _____ Date: _____

Parent signature (if under 18 years of age): _____

All participants in run/walk must sign release and waiver. No refunds, exchanges or transfers.