

7TH Annual CANNONBALL FUN RUN

September 10, 2011

ENTRY FORM & RACE SCHEDULE

Sept. 2, 2011 - All pre-registration entries must be post-marked by this date for guarantee T-Shirt

Race packet pickup at Trinity Park - Sept. 9, 2011- 4 - 7 p.m.

Entries post-marked after this date will be the same fee but a t-shirt may not be included.

Payment must accompany your application for entry.

Check or Money Order only. Saturday - Sept. 10, 2011

Entry fee is non-refundable

Race - 5K - 9:00 a.m. 10K - 9:05 a.m.

1 Mile Run/Walk - 9:00 a.m.

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____

Phone _____

Email _____ Age on Sept. 10, 2011 _____

CHECK ALL THAT APPLIES: 15 & under _____ 16 - 19 _____ 20 - 29 _____ 30 - 39 _____ 40 - 49 _____ 50 - 59 _____ 60 & over _____

Sex: M _____ F _____ Men _____ Female _____ Youth _____ Senior _____

5K Run _____ 10K Run _____ \$20.00 (fee includes t-shirt, participation medal, 1st, 2nd, 3rd, place medal)

1 Mile Run/Walk _____ \$15.00 - Family - \$25.00 (fee includes t-shirt & ribbon)

T-Shirt size: Adult: S _____ M _____ L _____ XL _____ XXL _____ Youth: XS _____ S _____ M _____ L _____

WAIVER OF LIABILITY: In consideration of your accepting this entry, I, the undersigned, intended to be legally bound, for myself, my family, my heirs, executors, & administrators, forever waive, release & discharge any & all rights & claims for damages & causes of suit or action, known or unknown, that I have against the Battle of Plattsburgh Commemoration Celebration, the Battle of Plattsburgh Association, the City of Plattsburgh, all race committee person, officials & volunteers, & all sponsors of the Cannonball Fun Run & related events & their officers, directors, employee, agents, & representatives, successors, & assigns, for any & all injuries suffered by me in this event. Latest that I am physically fit, am aware of the dangers & precautions that must be taken when running in warm or cold conditions, & have sufficiently trained for the completion of this event. I further assume and will pay my own medical & emergency expenses in the event of an accident, illness, or other incapacity regardless of whether I have authorized such expense. I have read the waiver carefully and understand it.

Signature _____ Date _____

Parent or Guardian (if under 18) _____ Date _____

Make Checks payable to:

Battle of Plattsburgh Celebration (BOPC) Cannonball Fun Run, 94 Bradford Road, Plattsburgh, NY 12901

518-563-6186

