



THIRD ANNUAL METRO 10 BUF v. ROC 5 MILE and 10 MILE RUN/WALK

REGISTRATION FORM

Saturday, August 19, 2017

Race starts at 8:00 a.m.

Bands begin on main stage at 9 a.m. until close of event.

Race Location: Bullard Park Albion NY 14411

Entry Fees

10-Mile Run

\$40 April 1 - May 10

\$45 May 11 - July 20

\$50 July 21 - August 19

\$55 Race Day (If Available)

5-Mile Walk or Run

\$35 April 1 - May 10

\$40 May 11 - July 20

\$45 July 21 - August 19

\$50 Race Day (If Available)

Live Music provided by Preach Freedom and Connect

Finisher medals for both 5 mile and 10 mile

Guaranteed Metro-specific, gender-specific tech shirt for those registered by July 20

Race capped at 400 participants (Check Metro10race.com for Updates)

*****ONLY CHECKS WILL BE ACCEPTED, NO CASH PLEASE!!!*****

Make checks payable to:

The Warrior House of WNY

10314 Johnson Rd, Middleport, New York 14105

Registration also available online: **RunSignUp.com/Metro10**

NAME: _____

EMAIL: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PHONE: () _____

AGE: _____ SEX: _____

DATE OF BIRTH: ____/____/____

T-SHIRT SIZE (Gender Specific) (circle): _____

S M L XL

Event/ City (circle one) Buffalo Rochester Amount Enclosed: \$ _____

WAIVER In registering for the Metro 10 I state that I fully understand and assume the risk and responsibility for participating on a course with vehicular traffic, even when the course is Policed, and for training to an appropriate level of fitness to participate in such a physically demanding event. I hereby state that I am fit to participate. I also waive all claims for myself, and for anyone acting on my behalf, against any and all sponsors of the Metro 10 for damages that might result from my participation therein. If I am injured or taken ill, I hereby authorize race official to transport me to a medical facility and/or to administer emergency medical treatment and waive all claims for damages that might result from such transport and/or treatment. I also agree to provide certain medical data to race official to expedite such treatment. In addition to the above, I hereby expressly assume all risk of injury and damages and release the Warrior House of WNY, the State of New York, New York State Department of Transportation, New York State Canal Corporation, Village of Albion, Town of Albion, Town of Gaines and any municipality through which this event passes, from any and all liability and claims resulting from my participation in this event.

I grant my permission to all of the foregoing persons and entities to use or authorize others to use any photographs, motion pictures, recordings, or any other record of my participation in the event for any legitimate purpose without remuneration.

I attest that I am physically able and sufficiently trained to participate in this event and take full responsibility of myself.

Signature: _____ Date: _____

(Parent/Guardian Signature if under age 18)