









(behind Geneva General Hospital)

7 - 8:15 a.m. Check in and race day registration 8:15 a.m. Color Mile Fun Run 9 a.m. 10K Run 9:15 a.m. 5K Run/Walk



Parent /guardian (if under 18)signature

(Our courses are Certified to be accurate by USATF #NY12109KL (5km) and NY12110KL (10km) timed by Leone Timing)

CASH AWARDS: Overall male, overall female. Awards for top 3 finishers (male/female) in each age category.

T-shirts given to pre-registered (by July 24, 2014) participants.

Refreshments, Bounce Houses and Fun!

Register on-line at www.cubbychase5K10K.org

For more information, please call Kathy Ryrko at (315) 787-4190 or e-mail kathy.ryrko@flhealth.org.

Race Pre-Registration Form

\$20 Pre-registration *** \$25 After July 24, 2014 *** FLH & Ontario ARC Employees \$18 *** Students \$15 *** Color Mile Run \$15 Mail Registration to: Geneva General Child Care, 196 North St, Geneva, NY 14456	
*Teams register online at www.cubbychase5k10k.org	PAYMENT INFORMATION
□ 10K □ 5K □ COLOR MILE RUN	Check payable to: Geneva General Child Care Center
NAME:	or charge my: Uisa Master Card
	#
EMAIL: AGE: GENDER:MF	ExpirationDate:3DigitCode:
ADDRESS:	Name (please print):
CITY:STATE/ZIP	Signature:
T SHIRT SIZE: (ADULT) \square S, \square M, \square L, \square XL (YOUTH) \square Y/S, \square Y/M, \square Y/L	Phone:
Waiver: I understand that running a road race is a potentially hazardous activity, and I assume all risks associated with runni participants, the effects of weather, and traffic conditions of the road. All such risks being known and understood by me, havi and anyone entitled to act on my behalf, waive and release Geneva General Hospital, City/Town of Geneva, race organizers, spof any kind arising from my participation in this event. I further grant permission to use any photograph, recording or any other process.	ng read this waiver and consideration of your accepting my entry, I, for myself consors and all others connected with this road race from all claims or liabilitie