

Cancer Wellness Connections provides free diversionary activities to more than 15,000 people annually who are receiving outpatient chemotherapy treatment at Rochester area hospitals. Activities include personal training, massage ,Reiki therapy, meditation, manicures, crafts, games and snacks. Through your support you are helping improve the quality of life for people in our community.

**Race Amenities:**

- Official timing by PCR Timing
- Water stations on course.
- PLENTY OF PARKING!!!
- Post-race awards.
- Refreshments and fun for all!



**OFFICIAL RACE ENTRY FORM**

**Ovarian & Gynecologic Cancers 5k  
Monroe Community College**

**Saturday, September 15, 2018 - 8:15a.m.**



Please enter ALL contact information and race information below.  
Please sign waiver and return completed form with registration fee to:  
*Cancer Wellness Connections*  
7 Brickston Drive, Pittsford NY 14534

**Register on-line at: [www.CancerWellnessConnections.org](http://www.CancerWellnessConnections.org)**

Packet pick up at Medved Running and Walking, 3400 Monroe Avenue, Rochester, 14618 on Friday, September 14, 2018 from 10a.m. to 5 p.m..

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Male [ ] Female [ ]

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Register by 8/31: \$25.00, Register by 9/15: \$30.00, Register on race day: \$35.00

**Shirts guaranteed if registered by 8/31. Please indicate preferred size:**

Youth Medium \_\_\_ Adult Small \_\_\_ Adult Medium \_\_\_ Adult Large \_\_\_ Adult XL \_\_\_ Adult XXL \_\_\_

**RACE WAIVER:**

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by the decision of the race officials relative to my ability to safely complete the event. I assume all risks associated with running/walking this event including, but not limited to, falls, contact with other runners, the effects of the weather, including high heat and/or humidity and the conditions of the course, all such risks being known and appreciated by me. I grant permission to the organizing groups to use any photograph, motion pictures, or recordings of my taking part in this event for any legitimate purpose. Having read this waiver acknowledging these facts and in consideration of you accepting my entry, I for myself, and everyone entitled to act on my behalf, waive and release Cancer Wellness Connections, volunteers, Town of Brighton/City of Rochester, and any and all race sponsors from any claims or liabilities of any kind arising out of my participation in this event. I understand that all entry fees are nonrefundable. I have read this waiver and certify my compliance and agreement with its content with my signature.

Participant's signature if 18 or over: \_\_\_\_\_

Parent/guardian's signature if participant is under 18: \_\_\_\_\_



**MONROE COMMUNITY COLLEGE**

