

CCCNYS Open 5K Race Application

APPLICANT INFORMATION. Please print legibly.

Name:	DOB:
Street Address:	Age on 11/4/18:
City, State & Zip:	Gender (circle): Male Female
Phone:	Email:

Entry Fee is \$15, payable in cash, check. Please make checks payable to AOC

PLEASE READ AND SIGN BELOW.

WAIVER: I know that running road races is a potentially hazardous activity. I should not enter and compete unless I am medically able and properly trained. I agree to abide by the decision of any race official relative to my ability to safely complete the race(s). For the safety of all participants, I understand that headphones, skates, baby strollers, baby joggers, and animals are not permitted at any racing event. I assume all risks associated with competing, volunteering, or participating in any activities sponsored by the Ambler Olympic Club(AOC) including but not limited to falls, contact with other runners, effects of weather, traffic, and condition of the courses, all such risks being known and appreciated by me. Having read this waiver, knowing these facts, and in consideration for acceptance of my entry in the CCCNYC 5K and/or AOC sponsored events, I, for myself, those family members listed above, and anyone entitled to act on my or a listed family member's behalf, waive and release the AOC, Tyler State Park, Pennsylvania Department of Environmental Resources, and all other parties associated with the AOC events, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in the AOC and/or AOC sponsored events.

Signature: _____ **Date:** _____
Parent or Guardian if applicant is under 18 years old

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