

THE CERVEZA SHUFFLE

**TO BENEFIT THE GLENS FALLS MEDICAL MISSION
FEATURING ADIRONDACK BREWERY
W/ A FREE BEER TO ALL RUNNERS 21+**

Where: Spa State Park at the Warming Hut

When: Saturday, August 10, 2019

10K RUN & 5K RUN/WALK: 9am

FREE FAMILY 1K FUN RUN: 1030am

Pre-Registration:

10K: \$30, 5K: \$25 (10&Under Free)

www.gfmmf.org

GFMMF 5K Run

PO Box 627

Glens Falls, NY 12801

Check Payable to: GFMMF

Day of Registration:

10K: \$35, 5K: \$30

730am-830am

****Team of 4 or More:**

10K: \$25, 5K: \$20/person

Please Print

Circle Event: 10K 5K 1K FUN RUN (FREE)

Team Name (if applicable) _____

Name _____ Male _____ Female _____

Email: _____

Street, City, State, Zip: _____

FREE T-Shirts for all paid by 7/29/19!!!! Circle size: S M L XL XXL

Purchase Additional Shirts (\$15ea) ___S ___M ___L ___XL ___XXL

Circle Age Group: 14&under 15-19 20-29 30-39 40-49 50-59 60-69 70&up

5K/10K/1K Run and Walk Waiver:

I know that running or walking a race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I assume all risks associated with participating in this event including, but not limited to: falls, contact with other participants, the effects of the weather, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry to participate in the Cerveza Shuffle (herein after the "Event") to be held on August 10, 2019 in Saratoga Springs, NY, I, intending to be legally bound, do hereby for myself, my heirs, my executors and administrators agree as follows:

1. I do waive and forever release any and all rights and claims for any damages and liabilities of any kind arising out of my participation in the Event against all persons, entities and agencies involved with promoting and holding the Event, including but not limited to the Glens Falls Medical Mission Foundation and all members and associated persons, all Saratoga Springs City and Spa State Park employees and departments, Adirondack Brewery and associated entities, all sponsors, volunteers and vendors of the event, their agents, successors, representatives and assigns even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.
2. I assume the risk of all bodily injuries, including death, resulting there from, and personal injuries to me and damage to and loss of my property, including loss of use thereof and any other indirect or consequential damages, resulting directly or indirectly, wholly or in part, from my participation in the Event and while traveling to and from the Event.
3. I hereby agree, for myself and/or for a minor under the age of eighteen for whom I am signing, to indemnify, defend, and hold the entities named above harmless from and against any and all claims, liabilities, losses and damages, costs, expenses (including attorney's fees) judgments and penalties arising out of any of my, and or said minors, acts or omissions to act:
4. I understand that the Event reserves the right to use any and all participant's names and/or likeness with regard to promotional and/or advertising materials.
5. I understand that all entry fees are non-refundable

Signature _____

Parent or legal guardian if under 18 _____