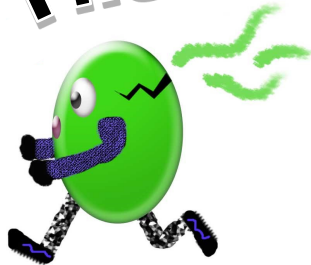




The Rotten Egg Run 2019



Sulphur Springs Festival
 June 1, 2019
 5K/10 Starts at 8 am
 Kids Fun Run Starts at 10:30am

**Same day registration
 (\$10 fee) closes 30 min
 before race start!**

Name _____ Gender M/F

Birthdate ____/____/____ Age _____ Phone _____ Email _____

Address _____

Emergency Contact Name _____ Phone _____

Under 18: Parent / Guardian Name _____ Phone _____

- ★ Rotten Egg 10K Cost: \$25 (Students \$20)- Award Given for Fastest M/F in each age division!
 (circle age division) **14-19 20-30 31-40 41-55 56+**
- ★ Rotten Egg 5K Cost: \$25 (Students \$20) -Award Given for Fastest M/F in each age division!
Run / Walk (choose one)
 (circle age division) **8-13 14-19 20-30 31-40 41-55 56+**
- ★ Kids Fun Run (Ages 4-12) \$10
- ★ T-Shirts (\$12) Must Order by 5/10 to guarantee size :
 (circle) Youth: S M L Adult: S M L XL 2XL(+\$3) 3XL(+\$3)

CONSENT & WAIVER

I understand that a road race is a potentially hazardous activity. I assume all risks associated with this event including, but not limited to, contact with other participants, inclement weather, traffic, and road conditions. I for myself and anyone entitled to act on my behalf, release Clifton Springs Family YMCA, Clifton Springs Cub Scouts, Village of Clifton Springs, Towns of Manchester and Phelps, and the County of Ontario and any of the race sponsors and race officials from all claims and liabilities of any kind arising out of my participation in this event. In the event of an injury to me or any one from my household running in this event, I authorize the Clifton Springs Area YMCA, Clifton Springs Cub Scouts, and its agents to obtain and provide emergency medical care and treatment as deemed necessary. I further agree to be legally and financially responsible. My health and accident insurance cover me and my family during this event.

I give permission to use my likeness in any and all promotional or advertising materials related to Clifton Springs Cub Scouts, and Clifton Springs Family YMCA programs and events.

Signature _____ Date _____

If under the age of 18:

Parent / Guardian Signature _____ Date _____

Office Use:	
Amount Paid: _____	Method of payment: _____ Date: _____
Registered by: _____	Auto withdrawal form Yes / No?