

# 2023 Rotten Egg Run



**Saturday, June 3rd**

**Fun Mile starts 8:00AM**

**5K starts 8:30AM**

**5K: \$35/\$25 Student**

**Fun Mile: \$25**

Name \_\_\_\_\_ Gender M/F

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Under 18: Parent / Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

## **\*Please circle 5K or Fun Walk\***

- ◆ **Rotten Egg 5K** - Award given for fastest M/F in each age division!

(Please circle division) 14-19 20-30 31-40 41-55 56+

- ◆ **Fun Walk (Open for all ages)**

- ◆ **T-Shirt: Included with registration (Must be ordered by 5/22 to guarantee shirt)**

Please circle shirt size: YS YM YL AS AM AL AXL A2XL A3XL

**\*Check ins will be held in front of the YMCA on 5 Crane Street\***

## 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?