

~Interlaken Steeple Chase 5K Entry Form 2009~

Mail entry to: Interlaken Reformed Church; Steeple Chase Race; P.O. Box 335; Interlaken, NY 14847

Make checks payable to: Interlaken Reformed Church

Last Name _____ First Name _____

Number and Street (or PO Box) _____

City _____ State _____ Zip _____

Sex _____ Age on race day _____

Phone _____ Email _____

RACE REGISTRATION: Postmarked by Nov 9: \$15 (ages 12 and younger \$7)

Race Day Register: \$20 (ages 12 and younger \$10)

WAIVER:

I, the undersigned accept full responsibility for myself and for any injuries I may incur during the Interlaken Steeple Chase 5K. I realize that road racing is a potentially dangerous activity. I will not hold the Interlaken Reformed Church, nor any of its sponsors, volunteers, affiliates, nor race course land owners, responsible for any mishaps that may occur. I further verify that I have sufficiently trained for this event, and understand that professional medical attention may not be immediately available. I grant the race organizers permission to use my name and any photos or video of me in what ways they see fit. I acknowledge that my entry fee is nonrefundable; even should the race be cancelled due to extreme weather or unforeseen act of mankind.

Signature: _____

Parent/ Guardian (if participant is under 18 years) _____

Date: _____

