



39th Annual Mother's Day
5K Women's Run/Walk bRUNch
Sunday, May 12, 2019
9:30 am • Central Park, Schenectady

TEAM Registration Form

FEES

Mother: HMRRc Member \$18; Non-Member \$20
Child participants: \$10 each child

RULES

- 1) A runner can represent only one team.
- 2) Children must be 18 and under to participate on a team
- 3) Mothers may register as many children as they wish on a team roster, but only the mother's time and first child finishing time will be used for scoring
- 4) Team entries must be mailed and postmarked by May 7, 2019.
- 5) Awards to top 3 teams

39th Annual Mother's Day bRUNch Team Application

Submit registration form and non-refundable payment to: HMRRc, c/o MARCIA ADAMS, 1009 TOLLGATE RD, SCHENECTADY, NY 12303

MOTHER'S INFORMATION:

Women's T-shirt Size: Small Medium Large X-Large

Name:
First Name Last Name

Address:

City: **State:** **ZIP:**

Email:

Phone: () - **Date of Birth:**
Month Day Year

Age on 05/12/19: **HMRRc Member?** Yes No

TEAM PARTICIPANTS:

Information below must be completed. Adult t-shirt sizes only, small to x-large.

Name _____ Gender M / F DOB ___/___/___ T-Shirt Size (Adult): _____

Name _____ Gender M / F DOB ___/___/___ T-Shirt Size (Adult): _____

Name _____ Gender M / F DOB ___/___/___ T-Shirt Size (Adult): _____

Name _____ Gender M / F DOB ___/___/___ T-Shirt Size (Adult): _____

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I AGREE NOT TO WEAR HEADPHONES DURING THIS EVENT. I assume all risks associated with running in this event including, but not limited to, falls, contact with other participants, the effects of the weather including high heat or humidity, traffic and the conditions of the road, all such risks are being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Hudson Mohawk Road Runners Club, the City of Schenectady or Best Fitness, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.

SIGNATURE

PARENT/GUARDIAN SIGNATURE (for children under 18)