



JOIN THE ADIRONDACK RUNNERS
 5K /1 MILE RACE/RUN-WALK –BOTH OPEN TO ALL AGES
Betar Byway 5K/Moreau Mile
Sunday – June 12, 2022
9:30 AM – 5K / 10:30 AM –1 Mile

To Benefit: American Foundation for Suicide Prevention and Betar Byway Fund
Registration: On line. www.adirondackrunners.org or zippyreg.com
 7:30 – 9:15 AM 5K & 10:10 AM -1M Race Day at The American Legion .
 (29 1st Street South Glens Falls)
Entry Fees: **\$25- Pre-registered/\$27 both With Shirt**
Adirondack Runners \$22 one race- \$25 Both
 \$30 Race Day All
 Racerback for Woman/ Tank Top for Men
Shirts: Sizes Guaranteed to registered runners May 10th/No guarantee after
Information: Shirley Venner (518) 632-5128
Facilities: Restrooms available
Course: The 5K Race begins & end at the South Glens Falls Park
 The 1 Mile starts at SGF Beach and ends at the SGF Park
Awards: 1st 2nd, 3rd Overall male & female, 1st, 2nd, 3rd Age Group Winners
 Age groups: 8 & Under; 9-11; 12-14; 15-19;
 20-29; 30-39; 40-49; 50-59; 60-69; 70+
Both Races are in our Grand Prix series
 Visit our web site www.adirondackrunners.org for application

T-Shirt Size

Last Name First MI SM MD LG XL

Address Phone Number

City State Zip Code

Birth Date Age on Race Day Sex (M/F) 5k 1M Both EMAIL

I know that participating in The Adirondack Runners events is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I am voluntarily entering and assume all risks associated with participating in the event, including, but not limited to, falls, contact with other participants, spectators or others, the effect of the weather, including heat and/or humidity, traffic and the conditions of the course, all such risks being known and appreciated by me. I grant to the Adirondack Runners its designee access to my medical records and physicians, as well as other information, relating to medical care that may be administered to me as a result of my participation in this event. Having read this Waiver and knowing these facts, and in consideration of your acceptance of this application, I, for myself and anyone entitled to act on my behalf, waive and release The Adirondack Runners, Road Runners Club of America, the City of South Glens Falls and its agencies and departments, and all sponsors, and their representatives and successors, from present and future claims and liabilities of any kind, known or unknown, arising out of my participation in this event or related activities, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities. I grant permission to the foregoing persons and entities to use or authorize others to use any photographs, motion pictures, recordings, or any other record of my participation in this event or related activities for any legitimate purpose without remuneration.

Signature _____ Date _____
 Signature of parent (if under 18) _____ Date _____

Official Use Area

Date Rec. _____
 Race # _____

Make Checks Payable to:
 ADIRONDACK RUNNERS
Mail Entries to:
 Dan Olden
 39 John Clendon Road
 Queensbury, NY. 12804

ENTRY FEE \$ _____
 ADD'L DONATION \$ _____
 AMT. ENCLOSED \$ _____