

**NYACK COLLEGE RUNNING WARRIOR
5K RUN/3K WALK | OCTOBER 13, 2018
REGISTRATION FORM**

GENERAL

PARTICIPANT INFORMATION

Each participant (including children in strollers) must complete a separate registration form.

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Email _____

DOB ____/____/____ Age (on 10/13/2018) _____

CHOOSE YOUR RACE

5K Run 3K Walk

CHOOSE YOUR AWARD CATEGORY

Male 5K Run With Stroller
 Female 3K Walk With Stroller
 Faculty/Staff

CHOOSE YOUR REGISTRATION TYPE

Children Under 6..... FREE
 Sponsored by NC HR Dept..... FREE
 (Full-time employees and their dependents)
 Nyack College Student..... \$10.00
 Pre-Registered (by 10/11/2018)..... \$25.00
 Same Day (after 10/11/2018)..... \$30.00

CHOOSE YOUR PAYMENT METHOD

Check Enclosed (made payable to Nyack College)

VISA MasterCard Discover

Card # _____

Exp. Date ____/____ CID # (*on back*) _____

Cardholder Name _____

Signature _____

***Credit cards not accepted for same-day registrations.**

RACE WAIVER

I know that running 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 assume all risks associated with runnings in the event including, but not limited to: falls, contact with another participant, the effects of the weather, including high heat and/or humidity, traffic, and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of you accepting my entry, I, for myself, and anyone entitled to act on my behalf, waive the release of all sponsors, their representatives, and successors from all claims of liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

PRINTED NAME OF REGISTRANT

SIGNATURE OF REGISTRANT

PARENT SIGNATURE (if registrant is under 18)

DATE

Please check this box if you would like to opt out of receiving your electronic race results and future race promotions from CompuScore.

MAIL ENTRY WITH PAYMENT TO:

Attn: Running Warrior
Nyack College Office of College Relations
1 South Boulevard
Nyack, NY 10960

REGISTER ONLINE AT:

www.nyack.edu/runningwarrior

QUESTIONS?

Contact Nancy Gates at 845.675.4431
or Nancy.Gates@nyack.edu.

STAFF USE ONLY

Bib # _____