

## Potsdam's First Annual Run for Your Life Series – 5km

This is a 3 race series, 5 km each on October 2, November 6<sup>th</sup>, and December 4<sup>th</sup>. T-shirts will be given only to racers that participate in two of the three races and can be picked up at the last race (December 4<sup>th</sup>). Awards will be given only at the last race (December 4<sup>th</sup>) to the top three female and top three male competitors for *combined two lowest times*.

**Time and Site:** The 5k Run/Walk will start at 10:00 am (registration at 9:00AM) in Potsdam, NY on the SUNY Potsdam Campus. The run begins and ends by the parking lots at Maxcy Hall, the athletic complex.

**Entry Fee:** Free for SUNY Potsdam students. ID required at registration.

\$5 per-race

\$10 for all 3 races

Shirts will be given to participants who do at least two of the three races. *You must come to the last race to pick up your shirt.*

**Check In:** 9:00-9:50 am registration and check-in at Maxcy Hall in the field house.

**Course:** Through the SUNY Potsdam campus. The majority of the course is flat and it is all pavement or sidewalk. Maps will be available at registration.

**Prizes:** Awards to the top three female and top three male competitors for *combined two lowest times*.

**Mail application to:** SUNY Potsdam Running Club [PotsdamRunningClub@hotmail.com](mailto:PotsdamRunningClub@hotmail.com)

9083 Barrington Drive

Potsdam, NY 13676

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- Make checks payable to Potsdam Running Club\*

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Sex: M F

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Which Race You will be attending:** Oct 2<sup>th</sup> \_\_\_\_, Nov 6<sup>th</sup> \_\_\_\_, Dec 4<sup>th</sup> \_\_\_\_, All \_\_\_\_

**Shirt size:** S \_\_\_\_, M \_\_\_\_, L \_\_\_\_, XL \_\_\_\_

Email (optional) \_\_\_\_\_ Circle one: SUNY student Non-SUNY Student

Release: In consideration of my accepting the entry, I, the undersigned, intending to be legally bound, hereby, for myself, or anyone entitled to act upon my behalf, waive and release any and all rights and claims for damages I may have against the State of New York for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of this race.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian if under 18 \_\_\_\_\_ Date \_\_\_\_\_