



2017 Step Up for Kids Run/Walk

Take Steps to Prevent Child Abuse



Saturday, September 30, 2017

Cassadaga Beach, 30 Park Avenue, Cassadaga, NY 14718

RAIN or SHINE

Registration: 9:00am

5K Run: 10:00am

Kids' Hero Run: 11:15am

SUPPORT THE CHILD ADVOCACY PROGRAM

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ___ / ___ / _____ Age: _____ Gender: F M

Home Phone: (____) _____ Business Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

(Communication will come through email, providing a valid email address is crucial.)

EMERGENCY CONTACT FOR DAY OF WALK (Name & phone number): _____

Timing by: **Trackqua** using the state-of-the-art Finishlynx and integrated chip timing system.

REGISTRATION FEES: 5K (runners/walkers)

Individual Rate: \$25.00
\$30.00 after 9/8

Family/Group Rate: \$15.00 each
(5 + participants) \$20.00 each after 9/8

Student Rate: \$15.00

Kids Hero Run: Free



PLEASE ENTER ME IN:

_____ 5K Run
_____ 5K Walk
_____ Kids Hero Run

T-SHIRT SIZES (circle one)

Adult: S M L XL XXL

Youth: S M L XL

Mail completed entry form with check/money order to:

Child Advocacy Program
405 West 3rd Street,
Jamestown, NY 14701

Register on-line @
<https://runsignup.com>

*No refunds. Registration will be open until the event sells out. Please register by **9/8/2017** to ensure that you receive a T-Shirt.*

LIABILITY WAIVER By indicating your acceptance, you understand, agree, warrant and covenant as follows: Liability and Publicity release: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical in running a road race. I acknowledge all such risks are known and understood by me. I am aware that medical support for this event will be provided by volunteer personnel who may be called upon to provide assistance, including first aid, to me and others during the event. I authorize any such volunteer to assist me and/or to provide such assistance as, in opinion of such person may be necessary or appropriate. I understand that neither the New York State Children's Alliance, Inc., THE CHILD ADVOCACY PROGRAM nor any of its supporting sponsors assume any responsibility or liability with respect to my participation in this event. I agree, however, to abide by all decisions of any race official relative to my ability to safely complete the run. I hereby waive and release the New York State Children's Alliance, Inc., THE CHILD ADVOCACY PROGRAM and all sponsors, representatives (including volunteers), independent contractors and employees of any or all of them, from any or all claims or liabilities of any kind arising out of my participation in this event even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I further give my permission for the free use of my name, voice recording, or photo in any print account broadcast, telecast, or commercial advertising of the event.

SIGNATURE (PARENT/LEGAL GUARDIAN SIGNATURE IF UNDER 18)



Run/Walk 2017



I AM STEPPING UP FOR THE Child Advocacy Program

(PLEASE PRINT)

Name _____

Address _____ City _____ State _____ Zip _____

Email (required) _____

Telephone (H) _____ (W) _____

Please return all money and this form on or before September 30, 2017

MAKE CHECKS PAYABLE TO:
CHILD ADVOCACY PROGRAM
MAIL TO:
405 West 3rd Street
Jamestown, NY 14701

Donor's Name	Email Address	Street Address	City/State	Zip	Phone	Donation	Paid

Total Donations this page _____
Total all pages _____

Signature of Participant _____ Parent/Guardian's Signature if under 18 years of age