



2024 Step Up for Kids 5K Run/Walk/Cycle

Take Steps to Prevent Child Abuse

Saturday, May 18, 2024

8:30am registration / 9:00am start Cycle

9:00am registration / 10:00am start Run/Walk



Group Name if Applicable: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Primary Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

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

NON-REFUNDABLE REGISTRATION FEES: 5K RUNNERS/WALKERS/CYCLISTS

Includes a **T-SHIRT** if registered by: **5/8/24**

Individual Rate: \$30.00/ Same Day - \$40.00

Under 18 years of age rate: \$20.00/ Same Day - \$30.00

Family/Group Rate: \$20.00 each (5+ group members) / Same Day - \$30.00

Children under 12 must be accompanied by an adult.



Online Registration closes on: MAY 17, 2024

Same Day Registrations Will be Accepted.

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.

PLEASE ENTER ME IN:

- _____ 5K Run
- _____ 5K Walk
- _____ Cycle
- _____ 5K Road Bike
- _____ 5K E - Bike

T-SHIRT SIZES (circle one)

Adult: S M L XL XXL

Youth: YS YM YL YXL

Mail completed entry form with check to:

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

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

PARTICIPANT SIGNATURE

(IF UNDER 18, PARENT or GUARDIAN SIGNATURE)