

GLENS FALLS BUSINESS MACHINES INC.

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Welcome to the 23rd Annual
PROSPECT MOUNTAIN ROAD RACE

Saturday May 12, 2012 - 9:00 am start

A Speech Pathology, Occupational Therapy and Physical Therapy PLLC

To Benefit: **Michelle Lafontaine ACC Nursing Scholarship Fund & Under the Woods Foundation**

REGISTRATION: 7:00 am - 8:30 am sharp!

ENTRY FEE: Adirondack Runners \$18, Non-member \$20, Race Day EVERYONE \$25

Also online @ Active.com

Short sleeve shirt guaranteed to first 200 runners pre-registered by May 3rd.

COURSE: 5.67 miles up Prospect Mtn. - Just 1 hill! Starts at the bottom and goes up a paved access road 1,601 feet to the summit.

AWARDS: Top Overall Male & Female and top 3 male and female in the following age groups: 19 & Under, 20-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+

POST RACE: Pasta Party hosted by The Adirondack Runners. Free to all Runners.

INFORMATION: www.adirondackrunners.org

REGISTER AT: www.active.com

Or cifonedesigns@aol.com

FACILITIES: All pre and post events held at Lake George Elementary School (take 87 to exit 21, take left route 9, take right on to 9L, take right onto Sun Valley Rd) Plenty of parking, water stations and split times.



-----DETACH HERE-----

Prospect Mountain Road Race 2012

All NCAA and USAT&F rules apply

SHIRT SIZE

LAST NAME FIRST NAME MIDDLE INITIAL

SM M LG XL XXL

Street Address/ Apt.

Phone

City

State

Zip Code

Email

DOB

Age (day of race)

Gender

1-19

20-29

30-34

35-39

40-44

45-49

50-54

55-59

60-64

65-69

70+

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 Village of Lake George 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

Make Checks Payable to:
ADIRONDACK RUNNERS
Mail Entries To:
The Adirondack Runners
PO Box 2245
Glens Falls, NY 12801

Official Use Area

Date Rec. _____

Race # _____

Entry \$ _____

Additional Donation \$ _____

Amount Enclosed \$ _____