



THE ADIRONDACK RUNNERS 30th ANNUAL

Shamrock Shuffle



MARCH 20, 2016 - 11:00 AM
GLENS FALLS HIGH SCHOOL

TO BENEFIT

WARREN-WASHINGTON NYS SPECIAL OLYMPICS



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AWARDS

Male & Female

Overall
1st, 2nd, 3rd

Age Groups
1st, 2nd, 3rd

Special Masters (40+)
1st Male & Female

Wheelchair Overall
1st, 2nd, 3rd

No Duplicates

LOCATION: Glens Falls High School – 10 Quade Street, Glens Falls, NY, 12801
CHECK IN: Starts 8:30 am race day at the Glens Falls High School Gymnasium.
COURSE: 5 mile basically flat & fast loop course – www.AmericasRunningRoutes.com.
PRE- REGISTRATION: Received by Wed. March 16th - \$22.00 (\$18.00 Member Adirondack Runners)
RACE-DAY REGISTRATION: \$27.00 closes 10:30 am
RESULTS: Chip-Timing by Underdog Race Timing
T-SHIRTS: High Quality, Custom T-shirts (First 400 Entrants).
DONATIONS: All proceeds benefit Warren-Washington Counties NYS Special Olympics Programs.
FACILITIES: Glens Falls High School. Showers & Restrooms available.
INFORMATION: Kevin Sullivan, Race Director - (518)798-9593 or shamrockshuffle@roadrunner.com or www.adirondackrunners.org



CHILDREN'S (12 & Under) FUN RUN - 7/8 Mile Run – Donation: **\$3.00**

Registration: **8:30am - 9:45am** - Start 10:00am. – Custom Medals For ALL Finishers!!!!

-----Detach Here-----

LAST NAME										FIRST					MIDDLE INITIAL					SHIRT SIZE SM MED LG XL			
ADDRESS										PHONE					Sex(M/F) Wheelchair								
CITY										STATE/PROVINCE					ZIP/POSTAL CODE					Age Race Day		DOB mm/dd/yy	

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, snow, sleet and rain 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 City of Glens Falls, Town of Queensbury, Glens Falls City School District, and their 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 _____

EMAIL ADDRESS _____

SIGNATURE OF PARENT (if under 18) _____

Make Checks Payable To: ADIRONDACK RUNNERS

MAIL ENTRIES: SHAMROCK SHUFFLE, 13 Lawton Ave., GLENS FALLS, N.Y. 12801

Register online today!!!

Entry Fee	\$ _____
Add'l Donaton	\$ _____
Amount Enc.	\$ _____