

Signature _____

Date _____

I have carefully read this waiver before signing it. I have had an adequate opportunity to ask questions about it. I understand the consequences of signing this waiver, to what I am agreeing by signing it and the risks inherent in participating in the Cardiac Classic. Both I and my agents are and shall continue to be bound by this waiver.

5. I understand and agree that no pets, wheeled baby conveyances and/or any other wheeled objects are permitted in the Cardiac Classic and that my use of such shall constitute grounds for my immediate disqualification and termination. Further, I consent and give permission to all use of my likeness and/or voice in any photographs, motion pictures, recordings and/or any other record of the Cardiac Classic for any legitimate purpose.

4. As further consideration for my Cardiac Classic participation, neither I personally nor any of my agents, successors, heirs, executors, administrators, legal representatives, assigns, assignees and anyone else entitled to act on my behalf, now or later (collectively, my "Agents"), shall sue, and each and everyone of us shall hold harmless and indemnify, without limitation, Ellis Hospital, the Cardiac Classic's sponsor, and/or any of its affiliates, representatives, employees, agents, trustees, administrators, successors and/or assigns (collectively, the "Sponsors"), from and against any and all rights, claims, costs, losses, damages, liabilities and/or injuries, including, without limitation, death (including, without limitation, my travel to or from it) or to my or my Agents' negligence, intentional acts or failure to act, wherever and whenever occurring. I understand that situations may arise during the Cardiac Classic over which the Sponsors have no control and/or about which they have no knowledge and I, personally, and on my Agents' behalf, waive, release and discharge all Sponsors' Liabilities therefrom.

3. As consideration for the Cardiac Classic allowing me to participate and with the understanding that I only am being so allowed on the condition that I agree to and sign this waiver (the "Waiver"), I hereby assume the inherent and any extraordinary risks involved in, arising from and related to the Cardiac Classic and to my voluntary participation in it. As consideration for the Cardiac Classic allowing me to participate and with the understanding that I only am being so allowed on the condition that I agree to and sign this waiver (the "Waiver"), I hereby assume the inherent and any extraordinary risks involved in, arising from and related to the Cardiac Classic and to my voluntary participation in it. As consideration for the Cardiac Classic allowing me to participate and with the understanding that I only am being so allowed on the condition that I agree to and sign this waiver (the "Waiver"), I hereby assume the inherent and any extraordinary risks involved in, arising from and related to the Cardiac Classic and to my voluntary participation in it. As consideration for the Cardiac Classic allowing me to participate and with the understanding that I only am being so allowed on the condition that I agree to and sign this waiver (the "Waiver"), I hereby assume the inherent and any extraordinary risks involved in, arising from and related to the Cardiac Classic and to my voluntary participation in it.

2. I know and appreciate that the risks that I may face by participating in the Cardiac Classic include, by way of example and without limitation, collisions with pedestrians, effects of weather, including, without limitation, high heat, humidity, rain, winds or cold (collectively, but by way of example and not exclusively, "Risks"), vehicles, other runners and/or fixed or moving objects; road and surface conditions and hazards; inadequate safety equipment; falls; traffic; my own negligence; and/or the effects of weather, including, without limitation, high heat, humidity, rain, winds or cold (collectively, but by way of example and not exclusively, "Risks").

1. I understand that running in a road race, like the Cardiac Classic, is a potentially hazardous activity for which I assume all possible risks, as described more fully below. I further know and fully accept that I neither should enter nor run in the Cardiac Classic unless I am medically able and properly trained, both of which are solely and exclusively my decision and responsibility.

Please read and sign. Registration not valid without signature.

T-Shirt Size (please circle): S M L XL XXL

Free t-shirt for registrations received by November 18

Signature _____

Card # _____ Exp. Date _____

Form of Payment: Check Cash Credit Card Discover Amex Visa

I will not participate in the event, but please accept the enclosed donation for the Wright Heart Center at Ellis.

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

Phone _____ E-mail _____

City _____ State _____ Zip _____

Address _____

Last Name _____ First Name _____

Race: Wellness Walk 5K Fun Run (please check)

Registration Form - Please Print Clearly



1101 Nott Street
Schenectady, NY 12308

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Permit No. 203

CARDIAC CLASSIC



Sponsored by:



Thursday, November 24 - See inside for application & other important race info!

THANKSGIVING DAY – NOVEMBER 24, 2016

- 2 Mile Wellness Walk . . . 8:00 AM
- 5K Road Race
(Runners Only) 9:00 AM
- Awards. 9:45 AM
- 1 Mile Duck Pond
Fun Run 10:00 AM

Course:
Start and finish Central Park Pavilion, Schenectady, NY

- No locker facilities, so come dressed to run.
- Wheelchairs MUST be racing style, under rider's own power only.
- No dogs, strollers or walkers allowed in 5K (for the runners' safety).
- T-shirts are guaranteed for every 5K runner & Wellness Walker if registration is received by November 18.

REMINDER: 5K RUNNERS MUST BE PRE-REGISTERED.
Day of race registration will NOT be available.

3 Great Events – SIGN UP EARLY!

- 2 Mile Wellness Walk: \$20 8:00 AM
- 5K Road Race: \$30 (*Runners Only*) 9:00 AM
- 1 Mile Duck Pond Fun Run: FREE 10:00 AM

T-shirts are guaranteed for every 5K runner & Wellness Walker if registration is received by November 18.



REGISTRATION INFORMATION

Register Online: www.cardiacclassic.org
On-line registration closes **TUESDAY, NOVEMBER 22** at midnight EST

Register by Mail: Make check payable to The Foundation for Ellis Medicine.
Complete form below and mail with payment to:
The Foundation for Ellis Medicine, 1101 Nott St., Schenectady, NY 12308
(*must be postmarked by 11/18/16*)

Register by Fax: Fax completed form and credit card information to: 518.243.1322
(*by 11/22/16 at 9:00 PM EST – Please Note: no late registrations will be accepted.*)

Last Chance to Register in Person for 5K: WEDNESDAY, NOVEMBER 23
Casino, Central Park, 2:00 - 5:30 PM..... **\$35**

Day of Event Registration Times: Wellness Walk & Duck Pond Fun Run only:
Wellness Walk until 7:45 AM | Fun Run until 9:45 AM

Registration/Waiver: Must be completed and signed. Fill out form on other side and mail or register on-line at www.cardiacclassic.org.

Runner/Walker Packet Pick Up Information*:
SUNDAY, NOVEMBER 20: 12:00 Noon - 4:00 PM, McClellan Street Health Center
600 McClellan Street Schenectady
WEDNESDAY, NOVEMBER 23: 2:00 - 5:30 PM, Casino, Central Park, Schenectady
THURSDAY, NOVEMBER 24: Casino, Central Park, Schenectady
**Please refer to cardiacclassic.org for any potential packet pick up location changes*

Walkers: The 5K race is for runners only. Your cooperation is appreciated.
Wheelchairs must be race style and under rider’s own power.

FOR MORE INFORMATION

Visit www.cardiacclassic.org, or call 518.243.4600. | Race results will be posted at www.ellismedicine.org

5K Awards: Trophies will be given for overall male and female winners. Trophies provided by **SONDRA'S FINE JEWELRY**

Medals: • Given to top three males and top three females in all age categories
• 12 and under; 13-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70 and over

PHILANTHROPY

Visit www.cardiacclassic.org to see how you can support cardiac care in your community.

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