BEST FITNESS HMRRC 5K Mother's Day

37th Annual Mother's Day
5K Women's Run/Walk bRUNch
Sunday, May 14, 2017
9:30 am • Central Park, Schenectady

Enjoy a post-race bRUNch with fruit, pastries, chocolate fountain, mock mimosas and more!

RACE FEES: HMRRC Members: $18, Non-HMRRC Members: $20

"SHIRTLESS" OPTION: HMRRC Members: $15, Non-HMRRC Members: $17

Mail-in Deadline: May 10, 2017 • Online Deadline: May 12, 2017 on www.hmrrc.com • DAY OF RACE REGISTRATION $25

Sons may participate on teams with moms, but only women will be scored individually

Men are encouraged to volunteer and support their families. All volunteers receive a t-shirt!

TEAMS: Moms may run on teams with their sons and/or daughters 18 and under

Separate entry form is required and available at www.hmrrc.com. Teams MUST be pre-registered by mail

Technical, gender-specific, short sleeve T-shirts guaranteed to first 150 registrants!!

AWARDS: Women's individual 10 Year Age Group Awards from 19 and under thru 70+; Team awards to top 3 teams

FOR RUNNERS' SAFETY: No strollers — No dogs or other pets — No Headsets — No skateboards, bikes etc.

FREE KIDS' RACE (Youth 12 or under) ❖ **½ mile** ❖ **Day of Race registration ONLY**

Race will start at 10:30 am at the Duck Pond in Central Park

KIDS DAY OF RACE REGISTRATION: 9 – 10 am in the Central Park Pavilion

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37th Annual Mother's Day bRUNch Application

Submit one registration form per participant and non-refundable payment to: HMRRC, c/o DEE FISHER-GOLDEN, 120 BLESSING RD, SLINGERLANDS, NY 12159

PLEASE PRINT

WOMEN'S T-SHIRT SIZE: Small ☐ Medium ☐ Large ☐ X-Large ☐ X-X-Large ☐ NONE ☐

NAME: _____ (First Name) _____ (Last Name)

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: (___) ___ ___ **DATE OF BIRTH:** ___ ___ (Month) ___ ___ (Day) ___ ___ (Year)

AGE ON 05/14/17: ___ **HMRRC Member?** ☐ Yes ☐ No **Amount Enclosed:** $_____

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I agree not to wear headphones during this event. I assume all risks associated with running in this event including, but not limited to, falls, contact with other participants, the effects of the weather including high heat or humidity, traffic and the conditions of the road, all such risks are being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Hudson Mohawk Road Runners Club, the City of Schenectady or Best Fitness, their representatives and successors form all claims or liabilities of any kind arising out of my participation in this event.

_____ SIGNATURE

_____ PARENT/GUARDIAN SIGNATURE (if under 18)