

STOCKADE-ATHON



45th Anniversary * Sunday, November 8, 2020 * 8:30 AM

2. Personal Information	·	,		
Last Name	First Name	First Name		
Number & Street				
Town/City/State/Prov		Zip		
	T =			
Email	Emergence	y Phone # (include area code)		
M Female	Age on 11/8/20:	Date of Birth (MM/DD/YY): /	/	
_	ated with running in this event, inclu	test that I am physically fit and sufficient uding but not limited to falls, the effects er and in consideration of your acceptan	of weather	including
anyone acting on my behalf, waive Sports, the Schenectady YMCA, arkind arising out of my participatio organizations named in this waive listening devices during the race is and warnings from vehicles that so The roads are reopened on a rolling to move to the sidewalk. Further,	e and release the Hudson Mohawk R nd USA Track & Field, Inc., their repre n in this event, even though liability r and/or their volunteers or employ s discouraged and may compromise hare city roadways; (2) running with ng basis for paces slower than 12:52	coad Runners Club, the City of Schenecta esentatives, officials, and successors fror may arise out of negligence or carelessn ees. I also understand that: (1) wearing h my safety by limiting my ability to hear i strollers or animals is prohibited; and (3 (a ~2:00 15K.) If you are running slower and all of the foregoing to use any phot	dy, MVP Hon all claims ess on the neadphone nstructions) there is a than this part.	ealth Care, Fleet Feet or liabilities of any part of the s, earbuds or other from race officials 2-hour course cutoff. ace, you will be asked
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5. Payment

Make checks payable to: HMRRC/Stockade-athon

Mail to: HMRRC/Stockade-athon, P.O. Box 12304, Albany NY 12212