



Betar Byway 5K / Moreau Mile

5K & 1 mile run/walk open to all ages

Sunday, June 9, 2024

9:30 am --5K 10:30 am --1 mile

BETAR BYWAY 5K
MOREAU Mile

****First race in the Adirondack Runners mini series for club members****

To Benefit: American Foundation for Suicide Prevention and Betar Byway Fund
Registration: 8:00 – 9:15 AM 5K & 10:10 AM -1M Race Day at 29 1st St S Glens Falls
Entry Fees: **\$30 Pre-registered (\$27 Adirondack Runners one race)**
\$33 Pre-registered both race (\$30 Adirondack runner)
Race day \$35

Shirts: **T- Shirt** Sizes Guaranteed to registered runners May 20th/
No guarantee after

Information: Shirley Venner (518) 632-5128

Facilities: Restrooms available

Course: The 5K Race begins & end at the South Glens Falls Park
The 1 Mile starts at SGF Beach and ends at the SGF Park

Awards: 1st 2nd, 3rd Overall male & female, 1st, 2nd, 3rd Age Group Winners
Age groups: 8 & Under; 9-11; 12-14; 15-19;
20-29; 30-39; 40-49; 50-59; 60-69; 70+

5K Grand Prix Race

Visit out web site www.adirondackrunners.org for application

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Last Name	First	MI	T-Shirt Size	SM	MD	LG	XL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address			Phone Number				
<input type="text"/>			<input type="text"/>				
City			State	Zip Code			
<input type="text"/>			<input type="text"/>	<input type="text"/>			
Birth Date	Age on Race Day	Sex (M/F)	5k	1M	Both	EMAIL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	

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 City of South Glens Falls 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 _____

Official Use Area
Date Rec. _____
Race # _____

Make Checks Payable to:
ADIRONDACK RUNNERS
Mail Entries to:
Dan Olden
39 John Clendon Road
Queensbury, NY. 12804

ENTRY FEE	\$ _____
ADD'L DONATION	\$ _____
AMT. ENCLOSED	\$ _____