



West Seneca Community 5k Run/Walk Five Year Anniversary!



THIS YEAR'S RACE IS THE OFFICIAL KICK-OFF TO
WEST SENECA COMMUNITY DAYS!
ENJOY RIDES, FOOD, BEVERAGES, AND LIVE MUSIC
AFTER THE RACE!

Thursday June 21, 2018

Veteran's Memorial Park (Legion Pkwy at Union Rd)

6:30 PM Start time

Race Fee: \$25.00 pre-registration (before 6/7/18) / \$30.00 (after 6/7/18)



First 225 pre-registrants will receive a dry-fit race t-shirt!

Both race and walk start on Legion Drive near Town Hall. The course is a winding run through the neighborhoods of West Seneca with some slight elevation changes, with a nice downhill to flat finish.

Registration Form

(PLEASE PRINT) REGISTERING FOR: 5K RUN 5K WALK USATF # _____

LAST NAME: _____ FIRST NAME: _____ M.I. _____

ADDRESS: _____

TOWN/CITY: _____ STATE/PROVINCE: _____ ZIP/POSTALCODE: _____

EMAIL: _____

M F AGE (DAY OF RACE) _____ PHONE: (____) _____ - _____ SIZE: S M L XL XXL

*If registering a free 10 yrs old or younger racer, indicate adult racer's name: _____
(one free 10 and under racer per adult (18+) pre-registrant)

Waiver must be signed for entry acceptance In registering for the West Seneca Community 5k run/walk, I state that I fully understand and assume the risk and responsibility for participating on a course with vehicular traffic, even when the course is policed, and for training to an appropriate level of fitness to participate in such a physically demanding event. I hereby state that I am fit to participate. I also waive all claims for myself, and for anyone acting on my behalf, against any and all sponsors of the West Seneca Community 5k, the Town of West Seneca, County of Erie, State of NY, the West Seneca East Spirit Boosters, the West Seneca West Sports Boosters and West Seneca Central Schools for damages that might result from my participation therein. If I am injured or taken ill, I hereby authorize race officials to transport me to a medical facility and/or to administer emergency medical treatment and waive all claims for damages that might result from such transport and/or treatment. I also agree to provide certain medical data to race officials to expedite such treatment.

Runner's signature: _____

Parent or Guardian Signature (if under 18): _____

Make checks payable and send to: SCORE THIS!!!, 15 Ranch Trail Ct, Orchard Park, NY, 14127

More info at <http://wssportsboosters.com/5k/>