



5K Run/Walk
Onondaga Lake Park
9 a.m. Saturday, Aug. 24th, 2019

SOS Employees are FREE
Family Participant- \$35

Last Name: _____ First: _____

Address: _____

City: _____ State: _____ Zip _____

Gender: Male Female Age on Race Day: _____ Date of Birth: ____/____/____

Phone: _____

Email: _____

Company Representing: Syracuse Orthopedic Specialists

T-shirt Size: Small Medium Large Extra-Large

Emergency Contact Name: _____ Phone #: _____

Registration Deadline: July 26th

Send Form to Nicole Chidsey at Site 18

**For non-employee participants, checks payable to YMCA of Greater Syracuse*

Participant Release-Required

I, the undersigned, do hereby waive and release the YMCA of Greater Syracuse, sponsors, officials, and municipalities through which the race is run, from all liabilities and claims arising from my participation in this race. I grant permission to use photos, videos, or any other records of this race for any legitimate purpose. I have read or heard the rules of this race. I attest that I am physically fit and have sufficiently trained for this race.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Required for all participants under 18 years of age