



# 9th Annual

## ArnotHealth

Ira Davenport  
Memorial Hospital



### “Caribbean Cruise”

## 5K & 10K Wellness Walk and Run

### Saturday, September 12, 2015

#### REGISTRATION & FEES:

**5K Walkers** - Packet pickup and Registration 8:15am - 8:45am • **Walk begins at 9:00**

**10K Runners** - Packet pickup and Registration 8:15am - 8:45am • **Run begins at 9:00**

**5K Runners** - Packet pickup and Registration 8:45am - 9:15am • **Run begins at 9:30**

#### 5k & 10k Individual Registration Fee for runners and walkers

\$20 day of race

\$15 if pre-registered by September 1st

**T-shirts to the first 100 participants**

#### CATEGORIES & AWARDS:

Medals awarded to the top two (2) male and female finishers in each of the following categories:

18 & under; 19—29; 30—39; 40—49; 50—59; and 60+

Prizes awarded to 1st place male and female finishers overall for each race.

Certificates awarded to all participating walkers.

The race begins and ends at Mercury Central Park, Hammondsport, 8126 Pleasant Valley Road. (formerly Taylor Winery Park) and winds through Pleasant Valley. For additional registration forms and maps go to [arnohealth.org](http://arnohealth.org), click on “Give” and then click on the Keuka Health Care Foundation.

**Detach the form below and return with entry fee to:**

**Davenport & Taylor 5K/10k Race . 7571 State Route 54 . Bath, NY 14810**  
**{Make checks payable to the Keuka Health Care Foundation}**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE: \_\_\_\_\_ AGE ON RACE DAY: \_\_\_\_\_ SEX: \_\_\_\_\_

**Please Check One: T-SHIRT SIZE: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ 2XL \_\_\_\_\_ NO SHIRT \_\_\_\_\_**

**WELLNESS WALK : 5K \_\_\_\_\_ RUN: 10K \_\_\_\_\_ or 5K \_\_\_\_\_**

**RELEASE & INDEMNITY:** I assume all risks associated with participating in the “Wellness Walk & 10K Run” including, but not limited to those arising from: falls, contact with other participants and weather conditions; all such risks 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 Ira Davenport Memorial Hospital Inc., Mercury Aircraft Inc, Pleasant Valley Wine Co., the County of Steuben, the Town of Urbana, all of its employees, volunteers and sponsors, as well as its representatives and successors, from any and all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons and/or organizations named in this waiver. The undersigned agrees to indemnify and hold harmless Ira Davenport Memorial Hospital Inc., Mercury Aircraft Inc, Pleasant Valley Wine Co., the County of Steuben, the Town of Urbana, its employees, agents, officers, directors, contractors and volunteers, from any and all injuries, losses and/or damages to the undersigned individual, participant or spectator, arising in connection with participating or attending this event. I also grant permission to all of the foregoing to use any photographs, motion pictures, recordings and and other record of this event for any purpose.

SIGNATURE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

VISA/MASTERCARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

(pre-registration ONLY—Cash or check day of race)

SIGNATURE FOR CREDIT CARD: \_\_\_\_\_

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