

Custom Awards!



4th Annual For Paws & Wright Naturals 5K Run/Walk October 17, 2015 at 3pm West Lot - Field of Dreams Ulster County New Paltz Recreational Park



Route Description: The race begins at the West lot (furthest parking area) at the Field of Dreams (located across from the Ulster County Fairgrounds). It is an out and back course on gravel and paved roads.

Awards: Top Male/Female, Top 3 Males/Females (0-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+, Walkers)

Parking: Participants are advised to park in the lower parking areas located across from the Ulster County Fairgrounds. It is approximately a 5 minute walk to the starting area. Anyone who needs to park closer (in the West of North Lots) must be parked by 2:30pm and will not be permitted to exit until the last participant has finished the route.

Extras: Custom Dog Tag for all finishers. Custom BIB for the event.

Registration Fee: \$20 before September 17th, \$25 after September 17th or on Race Day

Please fill out the registration form and participant waiver below and return it, along with the registration fee made payable to For Paws of Ulster, Inc. to PO Box 1074, New Paltz, NY 12561.

Name		Gender		Age		Birthday	
Email		Phone		Run/ Walk?		T-Shirt Size*	
Address							

** T-Shirts only guaranteed to participants registered by October 1st*

PARTICIPANT WAIVER:

Knowingly, and at my own risk, I am participating in the 4th Annual For Paws & Wright Naturals 5k Run/Walk. I do hereby waive release any and all claims against For Paws of Ulster, Inc., Wright Naturals, all event sponsors and any employee, volunteer, or officials of these organizations from any claim of injury (including death) that I may incur as a result of my participation in the event. I further hereby certify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate. If, however, as a result of my participation in the 1st Annual For Paws & Wright Naturals Family 5k Run/Walk, I require medical attention, I hereby give consent to authorize medical personnel to provide such medical care as deemed necessary.

Signature of participant or Guardian (if under 18): _____

Printed Name of participant and/or Guardian: _____

This release and waiver is executed on _____ (insert date).

Online Registration

Available at www.active.com

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