

Friday, July 5, 2019 at 9:00am

Join us for the 6th Annual Miss Minnewaska Fun Run on July 5th, 2019 on the shores of beautiful Lake Minnewaska. It’s a great time to get outside and enjoy the wonderful evenings of summer, while starting off the Heritage Days events with a little kick in our step!

Thank- you to our sponsor, Stevens Community Medical Center, for making this even possible!

When: Friday, July 5. Registration begins at 8:30am, run begins at 9am and will conclude by 9:45am

Where: Water’s Edge parking lot. (Start and Finish)

What and Who: Children ages 14 and under are able to participate in 1 mile or ½ mile race.

Parent/Guardian's name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant's name (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ 1 mile participant ($15.00)

\_\_\_\_\_ ½ mile participant ($10.00)

Participant's name (2): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ 1 mile participant ($15.00)

\_\_\_\_\_ ½ mile participant ($10.00)

Participant's name (3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ 1 mile participant ($15.00)

\_\_\_\_\_ ½ mile participant ($10.00) TOTAL: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Waiver of Liability:** As the parent/legal guardian of the above-named participant in consideration of being permitted to participate in the Miss Minnewaska Fun Run event, I hereby waive and release on behalf of my child, any and all claims, and causes of action, or liabilities which may hereafter accrue against Miss Minnewaska Fun Run event staff and its affiliates, their volunteers, city of Starbuck, Chamber of Commerce and any and all sponsors, their representatives and successors, by reason of my child’s participation in said program. In addition, I accept full responsibility for the care and supervision of my child during the above described runs.

Signature of Parent/Legal Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_