



5K Walk/Run and Vendor Fair

(Kids 1 mile Walk or Run)

Sunday, September 13th

Registration 8 – 9:45 am • Run/Walk 10 am

**Glens Falls YMCA
and Cole's Woods**

- Local Vendors
- Refreshments
- Prizes and Music!

Pre-registration Entry Fee:

Adults \$15, Age 12 and under \$10

Race Day Registration:

Adults \$20, Age 12 and under \$15

**FOR MORE
INFORMATION
OR TO REGISTER IN
ADVANCE FOR THIS EVENT:**

Contact Michelle Bielawa (518) 935-4349

or Jennifer McCullough (518) 935-4338

Register on active.com • Email mbielawa@caparcny.org



T-Shirts available for all entrants
while supplies last

Awards:

Male and Female overall

1st Male & Female in each age group

Kids' 1 Mile:

Participants receive a medal & an ice
cream cone certificate



Don't forget to

Like Us on Facebook at

www.facebook.com/wwaarc

To learn more about the mission and other events
at Warren, Washington and Albany Counties ARC,
please visit our website!

www.wwaarc.org

**Ask us about our upcoming Fall Gala
10/16/15 at 90 State Events in Albany!**

Name _____ M _____ F _____

Street Address _____

City _____ State _____ Zip _____

Age on Race Day _____ Phone _____ Email _____

I am registering for 5K _____ Monster Mile _____ Shirt Size S M L XL XXL

I know that running a race through the woods is a potentially hazardous activity. I hereby attest that I am medically able and properly trained to run. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to, falls, contact with other participants, the effect of the weather including high or low temperatures, wind, traffic and the conditions of the trail, all such risks are being known and appreciated by me. For safety reasons, headphones should not be used and strollers, roller skates, etc. are prohibited unless to accommodate the disabled. 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 WWAARC, NYSARC, Inc., Family YMCA of Glens Falls, City of Glens Falls, Warren County, officers & directors, sponsors, volunteers and officials, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event. Further, I consent and give permission to use my likeness and/or voice in photographs, videos, recordings and/or other record of the WWAARC 5k Pumpkin Run/Walk for any legitimate purpose. WWAARC reserves the right to reschedule this event due to unforeseen circumstances, such as dangerous weather.

Signature _____ Date _____

Signature of Parent or Guardian (required if under 18) _____

**** Please make checks payable to the WWAARC Foundation**