

# Ballston Spa

CENTRAL SCHOOL DISTRICT

*Educating Everyone Takes Everyone*



## The Ballston Spa CSD Presents the First Annual Scotties Stampede, the Ballston Spa 5k for Education Walk/Run

**Saturday, May 21, 2016**

On-site Registration at 8:00 AM | Race begins at 9:00 AM

### Mail-in Registration Form

**Please fill out completely and print legibly to ensure personal information is entered correctly**

Name (first and last): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Email: \_\_\_\_\_

Age on race date: \_\_\_\_\_

Gender:  MALE  FEMALE

T-shirt (available for the first 500 paid registrants, sizes subject to availability):

Men's:  S  M  L  XL  XXL

Women's:  S  M  L  XL  XXL

**FEES** (all fees are nonrefundable)

\$20 5K for adults

\$10 5K for students (ages 18 and under)

**TOTAL ENCLOSED \$** \_\_\_\_\_

**Please make checks payable to:**

The Ballston Spa Partnership for Innovation in Education Fund

Emergency contact: \_\_\_\_\_

Emergency phone number: \_\_\_\_\_

If participating in the 5k as part of a team, please contact the team captain or e-mail [info@zippyreg.com](mailto:info@zippyreg.com) for instructions on creating a team online.

**Mail entry form to:**  
Scotties Stampede 5k  
c/o AREEP  
PO Box 38195  
Albany, NY 12203

**To be accepted, this form must be accompanied by the SIGNED Participant Waiver**

To ensure your mail-in registration is processed in advance of the race,  
**please mail form, payment, and waiver NO LATER THAN Monday, May 16, 2016**

**On-site registration fees will be \$25 for adults and \$15 for students**

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## Scotties Stampede, the Ballston Spa 5k for Education Walk/Run

### Participant Waiver for Race Registration

I hereby acknowledge that participation in this speed contest constitutes an extreme test of my physical and mental abilities and carries with it the potential for death, serious injury and/or property loss. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained.

I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road.

I hereby expressly assume all risk of injury and damage and release the Ballston Spa Central School District, the State of New York, New York State Department of Transportation and any municipality through which this event passes, from all liability and claims of whatever nature or cause which may occur as a result of my participation in this speed contest.

**I understand that bicycles, skateboards, roller skates or roller blades, animals, and headsets are not allowed in the race and I will abide by this guideline.**

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 the Ballston Spa Central School District, State of New York, New York State Department of Transportation, municipalities, Scotties Stampede representatives, and all sponsors, their representatives and successors from 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 named in this waiver.

\_\_\_\_\_  
Printed Name of Participant/Contestant

\_\_\_\_\_  
Signature of Participant/Contestant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

**If Participant/Contestant is a minor (less than 18 years of age), a parent or legal guardian must also sign:**

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Participant/Contestant

A copy of this waiver shall be retained by the applicant and provided to NYSDOT upon request.