

1st Annual

Harmony Harvest Festival 5K



- DATE:** Saturday, September 18, 2010
- TIME:** Registration begins @ 7:00 AM, Race begins @ 9:00 AM, 8:30 AM Early Start
- PLACE:** Harmony Christian School, 1790 Rt. 211E, Middletown NY 10941, 845-692-5353
- COURSE:** Out and back along Camp Orange Road and Prospect Road – majority of course on unpaved roads
- TIMING:** By Fast Finishes
- T-SHIRTS:** Guaranteed to all pre-registered entrants
- AWARDS:** Top 3 runners, Top 3 walkers, Top three finishers in each age group
- AGE GROUPS** 6 & under, 7-10, 11-15, 16-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-75, 76+
- ENTRY FEE:** \$20.00 Pre-Registration, postmarked by September 13: (\$22.00 race day)
\$15.00 Age 15 & Under Pre-Registration, postmarked by September 13: (\$17.00 race day)

Enjoy complimentary post-race refreshments and celebrate the day at the Harvest Festival including children's games, bouncing tents, gift basket auction, crafts, music and tons of fun! e-mail Andrea Phelan at aphelan@harmonychristianschool.com

Make check payable to HCS and mail to: Harmony Christian School, 1790 Rt. 211E, Middletown, NY 10941

Name (last) _____ First _____

Address _____

City _____ State _____ Zip _____ Age (on race day) _____

Phone _____ Email _____

Gender: Male__ Female _____ Run _____ Walk _____ T-Shirt Size (circle): S, M, L, XL, Youth S, Youth M, Youth L

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AGREEMENT (PLEASE READ CAREFULLY) In consideration of your accepting this entry. I the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release and all rights and claims I may have against the Harmony Christian School, Harmony Baptist Church and any and all sponsors, their representatives, successors, assigns, employees, members, that I will participate in this event as a foot entrant, that I am physically fit and have sufficiently trained for the completion of this event, which I hereby apply for, and my physical condition has been verified by a licensed Medical Doctor. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, video tapes, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature: _____ Date _____

Parents Signature (if under 18 years of age) _____

NO REFUNDS, EXCHANGES OR TRANSFERS