

2020 "Virtual" Laurel Memorial Run/Walk Entry Form

Name _____
 Address _____
 Phone _____ E-mail Address _____
 Date of Birth ____/____/____ Age on 7/18/20 _____ Gender M F
 Shirt Size (circle one) Youth: S M L Adult: S M L XL 2X 3X 4X
 Event 8K Run 5K Walk Create Your Own _____
 Team Name _____

REGISTRATION OPTIONS

- \$20**
 (Receive a T-shirt and medal.)
- Fund-raiser**
 (Choose this option to receive a T-shirt and medal by raising at least \$50.)
- Free**
 (If you choose this option, you will not receive a shirt or medal.)

ADDITIONAL OPTIONS

- \$6 Shipping**
 (Choose this option to have us mail your T-shirt and medal to you.)
- \$10 TRC Membership**
 (Continue Laurel's legacy by becoming a Member of The Resource Center! Your Membership gives us a stronger voice when we speak in support of people with disabilities. As thanks for being a Member, you'll get a TRC Card offering discounts at local businesses!)

TOTAL CHECK AMOUNT: \$ _____

I am unable to participate this year. Please accept my donation of \$ _____

Choose your registration option at right. The basic fee is \$20, but you can register for free if you don't want a shirt or medal. Make your check payable to **Laurel Run/Walk** and mail to: Filling the Gap, Inc., 92 Fairmount Avenue, Jamestown, NY 14701.

*** PLEASE NOTE: If you register by 9:00 a.m. Monday, July 6, you will be able to pick up your shirt & medal July 17 or 18.**

HEY! You can avoid the \$20 registration fee by raising \$50 in pledges! Use the form below, or visit www.runsignup.com/Race/NY/SilverCreek/LaurelMemorialRunWalk to set up your fund-raising web page.

Injury Waiver

I know that participating in athletic events is potentially dangerous. I should not take part in any Laurel Memorial Run/Walk activities unless I am medically able and properly trained. I agree to abide by any decision of an official relative to my ability to safely participate in the event. I assume all risks associated with participating in this event, including but not limited to contact with other participants or passersby, falls, weather conditions including humidity and temperature, traffic and the actions of motorists and adjoining landowners whether unintentional or intentional, and conditions of the road, all such risks being known and appreciated by me. 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 Filling the Gap, Inc., The Resource Center, USATF, Chautauqua Striders, UPMC Chautauqua, the Chautauqua Region Community Foundation, RunSignup.com, Laurel Memorial Run/Walk organizers, sponsors, and volunteers and their employees, agents and successors from all claims or liabilities of any kind arising out of my participation in this event. I further grant permission to any or all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature _____

Signature of parent or guardian if participant is under 18 _____

Laurel Run/Walk Pledge Form Raise \$50 or more and receive a free shirt and commemorative medal.

Collect all contributions in advance. Bring this form with you the day of the event or mail in advance to: Filling the Gap, Inc., 92 Fairmount Avenue, Jamestown, NY, 14701. **DO NOT MAIL CASH.** Have donors make checks payable to **Laurel Run.**

Participant's Name: _____ Phone Number: _____

Thanks for supporting people with disabilities by collecting pledges! You can also raise money by creating an online fund-raising page that you can link to your social media accounts. Visit www.runsignup.com/Race/NY/SilverCreek/LaurelMemorialRunWalk.

Sponsor's Name*	Address or E-mail Address	Phone	Amount

*** Those donating money in support of the Laurel Memorial Run and Walk may be added to our mailing lists. Please note that people who donate \$20 or more will be considered a member of The Resource Center UNLESS they put an asterisk next to their name.**