

# 4-H Clover Combo Classic Registration Form 2010

*All information is required for each applicant.*



Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Sex (Circle) Male Female

Age on Day of Event \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

T-Shirt Size (Adult size only) S M L XL XXL

*(T-shirts only guaranteed for runners and walkers pre-registered by 6 p.m. September 12)*

I am participating for: \_\_\_\_\_ 4-H Club

*(A revolving trophy is awarded to the 4-H club in Fulton & Montgomery Counties that has the most number of participants plus the highest dollar amount collected.)*

## Payment

\_\_\_\_ 8K Competitive Run \$20 by 6 p.m. September 12 (\$25 after)

\_\_\_\_ Virtual Runner \$20 (or more if desired)

\_\_\_\_ 5K Walk-a-thon \$15 by 6 p.m. September 12 (\$20 after)

\_\_\_\_ 1K Kids' Dash \$3 (no t-shirt)

Total Enclosed \$ \_\_\_\_\_

**Mail this form and signed Acknowledgement of Risk Form with your check to:**

**CCEFM, 55 East Main Street #210, Johnstown, NY 12095**

Cornell Cooperative Extension in Fulton & Montgomery Counties  
does not share contact information of registrants with others.

Cornell Cooperative Extension provides equal program and employment opportunities.

## **ACKNOWLEDGEMENT OF RISK & WAIVER FORM**

Participant's Name (Print) \_\_\_\_\_

Activity: 4-H Clover Combo Classic 8K Competitive Run, 5K Walk-a-thon, 1K Kids' Dash & 100 yd. Mascot Race

Date of Activity: Sunday, September 26, 2010

In signing this form for myself (or the participant named above if he or she is under 21 years of age), I fully understand and acknowledge that there are inherent risks and dangers in my/my child's participation in the above activities and participation in said activity and use of any equipment related to such activity may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept these risks and dangers.

Unless the cause of any injury, including death, or damage to my/my child's personal property that I may sustain participating in the above event is the direct sole negligence of Cornell Cooperative Extension of Fulton & Montgomery Counties, I release and forever discharge Cornell Cooperative Extension of Fulton & Montgomery Counties, its officers, directors, employees and volunteers from any and all liability whatsoever for said injury or damage.

My child is in good health and is at or above the minimum age of 5 required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

I have read the above and by signing it agree it is my intention to participate/have my child participate in the indicated activity and I understand and accept the risks involved.

This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my/my child's participation in the activity shall be venued in the Supreme Court of the State of New York of Fulton County where the Cornell Cooperative Extension of Fulton & Montgomery Counties office is located.

\_\_\_ I am at least twenty-one (21) years of age and authorized to sign this document on behalf of myself.

\_\_\_ I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.

Participant Signature \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_