

# The DACC 10th Annual 5K Dash

**Date:**

April 26, 2014

**Times:**

Kids Fun Run-8am

5K Walk/Run-9am

**Place:**

221 Victoria Drive, Delanson, NY 12053

**Rain or Shine!!!**

**To Enter:**

- \$20 entry fee/\$25 day of race (Walk/Run)
  - \$6 Fun Run/All receive a ribbon
  - WWW.ACTIVE.COM
- OR
- Send Registration portion below to above address

**Contact Person:**

Darcie Adams

dadams@dacc.info 518-895-9500 x114



Awards 3 Deep in 8 age groups **NO Duplicates**

**Age Groups**

9 & under	40-49
10-19	50-59
20-29	60-69
30-39	70 & Older

DACC Race Souvenir  
For 1<sup>st</sup> 50

**PRE-REGISTERED**  
5K Runners/5K Walkers



**Please Print- (One person per form)**

Name \_\_\_\_\_  
Sex \_\_\_\_\_ Age (as of 4/26/14) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: \_\_\_\_\_  
Email \_\_\_\_\_

**Please choose race to enter:** \_\_\_\_\_ 5K Walk \_\_\_\_\_ 5K Run \_\_\_\_\_ Kids Run

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 any and all rights and claims for damages I might have against the Duaneburg Area Community Center (DACC), and any officials or promoters of this event and assign for all injuries suffered by me in said event. I attest and verify that I am physically fit and have sufficiently trained for the completion of the walk or run. A licensed medical doctor has verified my physical condition.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent Signature (if participant is under 18)**