



WEDNESDAY MAY 8TH 6:45PM

REGISTRATION

Pre-Registration until 5/5/2019

5k OPEN \$20 5k K-12 Student \$10
 1Mile Fun Walk \$10

After 5/5/2019 & Race Day

5k OPEN \$25 5k STUDENT K-12 \$15
 1Mile Fun Walk \$15

COURSE

Race begins on Lincoln Pkwy past Amherst St. All participants will go out around the history museum. Walkers will head back up Lincoln, 5k racers will head over the pedestrian bridge, through the rose garden and around Rumsey Field, then around Hoyt Lake before heading back over the bridge and down Lincoln Pkwy to the finish.

AWARDS

First place over-all Male & Female AND top three male/female finishers in five year age-groups

FAMILY FRIENDLY POST RACE PARTY

The fun starts immediately following the race
 111 Great Arrow- Tapestry Charter K-5 School
 Live music featuring
 Healthy food and refreshments will be provided

HEALTH AND WELLNESS FAIR 6-8pm

This free event will be taking place in the high school. Join us for presentations, activities health food samples, workout activities and exhibitors.



T-Shirts for first 150 registered

Register online at buffalorunners.com or runreg.com/tapestry5k

Checks payable to: Tapestry Charter School Mail Entries to: Tapestry Charter School 65 Great Arrow Buffalo 14216

RUN FOR WELLNESS

NAME: _____ AGE: _____ SEX: M / F

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ BIRTHDATE: ____/____/____

5k Open \$20 5k Student K-12 \$10 1 Mile Fun Walk \$10 AMOUNT ENCLOSED: _____

Student School Name: _____

In consideration of your accepting this entry, 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 may have against the Tapestry Charter School, Run for Wellness, Buffalo, NY, all sponsors, the people of New York, their offices, agents, employees, for all injuries suffered by me in said event. I attest and certify that I am physically fit and have sufficiently trained for the competition of this event and my physical condition has been verified by a licensed medical doctor. Further, I hereby grant permission to any of the foregoing to use any photographs, video tapes, motion pictures, recordings, or any other record of this event for any purpose whatsoever.

 Signature (Parent or Guardian if under 18 years of age) Date: _____

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