

5 MILE TRAIL RUN Knox Farms State Park The Explore Erie County Parks Series Trail Run One Sponsor: Buffalo Orienteering Club The event is held as a training session for BOC members and all trail runners are welcome to join us.

DATE: Thursday June 18, 2020

STARTING TIME: 6:30p.m On site registration 5:30p.m. - 6:15p.m.

DISTANCE: 5 miles of challenging terrain LOCATION: Knox Farm State Park

ENTRY FEE: \$10 COURSE: Single loop trail NO AWARDS will be given, this is a fun event RESULTS will be posted at Buffalorunners.com

POST RACE PARTY: pizza and beverages

DIRECTIONS TO THE RACE: Google map directions to Knox Farm State Park East Aurora NY. Enter from Buffalo Road parking lot. Email

hhhgorby@gmail.com with questions or call Patricia Lyons at 716-652-8727

Return to: Patricia Lyons 189 Sycamore St East Aurora NY 14052-2926 with entry fee payable to: Buffalo Orienteering Club

NAME: \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

SEX( circle one) M or F AGE \_\_\_\_\_

WAIVER : I know that a trail running race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including but not limited to: falls, traffic & conditions of the park road, course conditions, contact with other participants, the effects of the weather (including heat and/or humidity), 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 any entitled to act on my behalf waive and release the Buffalo Orienteering Club, Town of Aurora, State Parks and Dept., Country of Erie and all sponsors, race director, their representatives and successors, from all claims and liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of persons named in this waiver.

SIGNATURE: \_\_\_\_\_

(If under 18 parent signature)

Emergency phone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relationship \_\_\_\_\_