



Ripley's Race to Wellness

5K Run or Walk 2014

Race organized by:
Ripley Central School Wellness Committee

Benefiting:
Ripley's Wellness Committee

When: Saturday, June 14, 2014
 9 a.m. (registration begins at 8 a.m.)

Where: Ripley Town Building
 1 Park Ave. (North State St.)
 Ripley, NY 14775

Course: The course is run on the streets in Ripley.

Amenities: T-shirt (guaranteed for all **pre-registered** participants), and refreshments. Awards for overall and age-group winners.

Make checks payable to:
 Ripley Central School

Entry Fee: The 5K run and walk early registration fee is \$15 by **May 23, 2014**. If registered after **May 23, 2014**, the registration fee is \$20. Fee for students thru 12th grade is \$5.

5K Run: Overall male and female winners, and top 3 in each age group will be awarded prizes. Age groups are: 9 & under, 10-19, 20-29, 30-39, 40-49, 50-59, 60 & up.

5K Walk: Overall top 3 male and female winners.

Contact Name and Number:
 Amy Sells
 (716) 736-2631, ext 217

***Send entry forms and fees to:**
 Ripley Central School
 c/o Amy Sells
 P.O. Box 688
 Ripley, NY 14775-0688

Ripley's Race to Wellness Registration Form 2014 5K Walk/ Run and Kid's 1 mile Fun Run

(Circle event) **5K run** **5K walk** **Kid's Run** Gender: (Circle one) M / F
 Name: _____ Age (as of 6/14/14): _____
 Date of Birth _____ E-mail address: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Home/Cell Phone: _____ Work Phone: _____
 T-shirt size (circle one): Youth S M L Adult S Adult M Adult L Adult XL Adult XXL

I hereby certify that I am adequately fit to run in this race. In consideration of the acceptance of this entry, I, the undersigned, for myself, my personal representative, beneficiaries, and heirs, knowingly waive, release, and discharge any and all rights and claims which I have or may have hereafter accrue to me or my estate against Ripley Central School, the RCS Wellness Committee, "Chautauqua Striders, Inc.," "WCA Hospital" and/or any other sponsors, organizers and volunteers and assigns for any and all injuries or death suffered by me in this event. I will also allow my picture and name to be used in publications as a result of this race.

Signature: _____ Date: _____
 (A parent or legal guardian must sign for all participants under the age of 18.)

Mail to: Ripley Central School c/o Amy Sells , P.O. Box 688, Ripley, NY 14775-0688.