



STOCKADE-ATHON

41st Anniversary • Sunday, November 13, 2016 • 8:30 AM



MVP HEALTH CARE STOCKADE-ATHON ENTRY FORM

Online registration! It's easy, it's preferred! Visit our website: www.stockadeathon.com

1. Check your event: 15k 1K Kids Run (Submit separate entry for each child)

2. Personal Information:

Last Name		First Name	MI
Number & Street			
Town/City/State/Prov.			Zip
Email Address		Emergency Phone Number (Include Area Code)	

Complete all information that applies:

M F Age on race date: _____ Date of Birth (MM/DD/YY): ____/____/____

USATF MEMBER Mark the appropriate box: Adirondack Association Member Other Association USATF # _____

CLYDESDALE DIVISION Yes____ NO____ Male 200 Plus Female 140 Plus

NOTE: Teams - visit www.stockadeathon.com for information on *Team Entry*

3. WAIVER FOR RACE APPLICATION

Please read carefully.

I know that running a road race is a potentially hazardous activity. I attest that I am physically fit and sufficiently trained to compete in this event. I assume all the risks associated with running in this event, including but not limited to falls, the effects of weather including hypothermia, traffic and conditions of the road. Having read this waiver and in consideration of your acceptance of my entry, I for myself and anyone acting on my behalf, waive and release the Hudson Mohawk Road Runners Club, the City of Schenectady, MVP Health Care, Fleet Feet Sports, The Gazette Newspapers, The Schenectady YMCA, Proctors, Key Hall and GE Theater, Picotte Realty, ARE Event Productions, and USA Track and Field, their representatives, officials, and successors from all claims or liabilities of any kind arising out of my participation in this event, even though liability may arise out of negligence or carelessness on the part of the organizations named in this waiver and/or their volunteers. I also understand that wearing headphones, ear buds or other listening devices during the race is prohibited and may compromise my safety by limiting my ability to hear instructions from race officials and warnings from vehicles that share city roadways. Further, I hereby grant full permission to any and all of the foregoing to use any photographs, video, or any other record of this event for advertisement, or other legitimate purposes.

Signature _____ Date _____

Parent's Signature (If under 18 years) _____ Date _____

4. ENTRY FEES Mark box for correct entry fee (NON REFUNDABLE OR NON TRANSFERABLE):

<input type="checkbox"/> 15K Early Entry Fee	Postmarked by 09/30	HMRRC or USATF Member Only	\$30	\$ _____
<input type="checkbox"/> 15K Early Entry Fee	Postmarked by 09/30	All Other Entrants	\$35	\$ _____
<input type="checkbox"/> 15K Standard Entry Fee	Postmarked by 10/1 to 10/30	HMRRC or USATF Member Only	\$35	\$ _____
<input type="checkbox"/> 15K Standard Entry Fee	Postmarked by 10/1 to 10/30	All Other Entrants	\$40	\$ _____
<input type="checkbox"/> 15K Last Chance Fee	Postmarked by 10/31 to 11/7	HMRRC or USATF Member Only	\$40	\$ _____
<input type="checkbox"/> 15K Last Chance Fee	Postmarked by 10/31 to 11/7	All Other Entrant	\$45	\$ _____
<input type="checkbox"/> Senior Discount	Age 62 or older on race day	Deduct \$3 from entry fee		\$ _____
<input type="checkbox"/> 1 Mile Children's Run	Age 12 and under	Separate entry for each child	\$0	\$ _____

5. PAYMENT

Total amounts from Section 4. \$ _____

Make checks payable to: HMRRC/STOCKADE-ATHON

Mail to: HMRRC/STOCKADE-ATHON
P.O. Box 12304, Albany, NY 12212