



ABLE Children

Achieved By Lending Equipment

Able to Achieve Able to Overcome Able to Succeed

1st ANNUAL 5K RUN/WALK to ACHIEVE

April 25, 2009

**James Olley Park (Wanderling Park), Walden, NY
Registration 8AM / RACE TIME 9AM**

**Application Fee \$20 pre-registration by April 22 / \$25 Race Day
Please make checks payable to ABLE Children
And mail to ABLE CHILDREN, PO Box 465, Walden, NY 12586**

**For more information contact:
Walter Welsh 845-258-0024/ Kevin Hayes 845-590-3438
info@ablechildren.org**

Awards presented to top 3 overall male and female contestants

Runners: 12 & Under, 13-15, 16-19, 20-29, 30-39, 40-49, 50-59, 60 and over

Walkers: 19 & Under, 20-39, 40-59, 60 and over

Awards: Top three (3) male and female finishers in each age group receive awards

All proceeds to benefit ABLE CHILDREN



**DANA
DISTRIBUTORS**

**FOXHILL
COMMUNITY**



Name: _____ Age as of 4/25/09: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ email address: _____

WAIVER: I know that running a road 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, contact with other participants, the effect of the weather, including high winds, cold temperatures, humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or inline skates, animals, and radio headsets are not allowed in the race and I will abide by this guideline. Having read this waiver and knowing these facts, and in consideration of your acceptance of my entry, I, for myself, waive and release the ABLE Children/ St. Andrew's Episcopal Church, its officers and agents, the County of Orange, the Town of Montgomery, the Village of Walden, the State of New York, all sponsors their representatives and successors, including employees, from all claims or 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 the persons named in this waiver.

Signature: _____ Date: _____

Guardian Signature (if under 18): _____