

# TURTLE TROT 10K

And **10K relay**

Saturday July 9, 2016

Walk 7:30am Run 8:00am

**START/FINISH: Kenoza Lake Fire House**

Entry Fee: \$25 pre-registered by July 1<sup>st</sup> and \$30 race day

Checks payable to: CFOS Doug Ackermann and Brenna Darling Memorial Fund

Send to: April Ackermann 322 Mueller Road Cohecton NY 12726

Race Contacts: April Ackermann 845-701-9054 or Sally Darling 845-701-6144

Registration: 6:30-7:45am at the Kenoza Lake Fire House

**\*T-Shirts for the first 50 registered runners\***

**\*\*FREE POST RACE REFRESHMENTS FOR ALL PARTICIPANTS\*\***

***Awards and raffles after the race!***

*This memorial fund was set up in memory of two of my family members whose lives were ended far too soon. My father, **Doug Ackermann** was a dairy farmer who was diagnosed with pancreatic cancer and passed away in January of 2010 at the age of 48. My cousin, **Brenna Darling**, was an x-ray technician who was diagnosed with breast cancer and passed away in April of 2014 at the age of 33.*

*In their memory, I started this fund to raise money for families in Sullivan County impacted by a catastrophic illness.*

-----  
**WAIVER:** I know that participating in this event is a potentially hazardous activity and I agree not to enter unless I am medically able. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I am voluntarily entering and assume all risks associated with participating in the event, including but not limited to, falls, contact with others, weather, traffic, and conditions of the course. I waive and release The Community Foundation of Orange and Sullivan and all sponsors and their representatives and successors from present and future claims and liabilities of any foregoing persons or entities. I grant permission to the foregoing persons and entities to any photos, motion pictures, recordings for any legitimate purpose without remuneration.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M/F \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

10K  Early Start  or Relay (teams of 2)  Walk  Shirt size: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/guardian signature if entrant is under 18 years old.)