



Doc Lopez Run for Health
REGISTRATION FORM

Date/Time: Saturday March 24, 2018. 13.1 mile starts at 9:00, 1 mile starts at 10:00, 5K starts at 10:30. All participants receive a medal and gift. This is a family friendly event, but no pets!

Start/Finish: The 13.1 mile run starts at the Keene Valley Lodge, 1834 NYS Route 73, Keene Valley. It follows Route 73 to Route 9N to Elizabethtown-Lewis Central School (ELCS), Elizabethtown, NY. The 3.1 mile run and 1 mile walk start at ELCS, head south on Route 9 then turn to head north on Route 9. All events finish at ELCS.

Registration: Pre-registration on doclopezrun.com and Friday March 23 from 4:00 pm to 7:00 pm at ELCS. Day-of registration is available at ELCS from 8:00 to 8:30 for the 13.1 mile, 8:30 to 9:45 for 3 mile and 1 mile.

Transportation: Parking is available at ELCS. The bus for the 13.1 mile leaves ELCS at 8:30 for an 8:50 arrival in Keene Valley. Parking is available in Keene Valley, but no registration pre-event or transportation after event.

Contact: For further information: 518-962-4898 or susieallott@gmail.com

Entry Fee:	Event	Paid before 3/1/18	Family cap** (#5) Paid before 3/1/18	Paid 3/1 – 3/23	Day of event 3/24/18
	1 mile walk	\$15	\$60	\$20	\$25
	5k	\$30	\$80	\$35	\$45
	13.1 mile	\$50	N/A	\$55	\$66

**** Family cap entry fee includes two generations (Parents & children / step-children) ****

Waiver: I know that running a road race is a potentially hazardous activity, and I assume all the risks associated with running this event. In consideration of your acceptance of my entry, I, the undersigned, intending to be legally bound, for myself and anyone entitled to act on my behalf, waive and release the town of Keene, town of Elizabethtown, the University of Vermont Health Network Elizabethtown Community Hospital, the Elizabethtown-Lewis Central School District, the Keene Valley Lodge, all sponsors race officials and volunteers, their successors and representatives, from all claims and liabilities of any kind arising out of my participation. I am physically fit and have trained for this race.

Name: _____ Address: _____

City _____ State _____ ZIP _____ Phone _____

Emerg. phone _____ e-mail: _____ Date: _____

Event: ___ 1mile ___ 5K ___ 13.1 ___ Male ___ Female Age: (As of 3/24/18) _____

SIGNATURE: _____ GUARDIAN/PARENT (UNDER 18) _____

Staff use only: Paid ___ Cash ___ Check ___ Amount _____ Bib # _____