



PennySaver Community



5K Race

31ST ANNUAL ROAD RACE

Presented by Taconic Road Runners — www.runner.org

Saturday, June 4, 2011

9 a.m. at FDR State Park, Parking Lot 1 • Yorktown, NY

AWARDS

Male and Female Overall \$100, \$50, \$25 • Masters \$50 (1st place only)
Age-Group Awards Get A PennySaver Community Race Sweatshirt

TO REGISTER

Register on-line at www.runner.org/pennysaver/5k • **Register by mail** postmarked by June 1st
TRRC members - \$13 non-members - \$15 • Race day registration - Open 8 a.m. - \$20 all
Part of the registration fee will go to the TRR Scholarship Fund.

T-Shirts to 1st 150 registered

Questions or to volunteer please contact the race directors: Tom Maile (914) 736-5254 or Barbara Brittan (914) 747-7431

PennySaver Community 5K Official Entry Form (May be duplicated)

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 effects of the weather including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and release the Taconic Road Runners Club, FDR State Park and all sponsors, their representatives and successors 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 part of the persons named in this waiver. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. I understand that bicycles, skateboards, baby joggers, roller skates or blades, animals and radio headsets are not allowed in the race and I will abide by this guideline.

Name _____ Date Of Birth ____/____/____ Age (Race Day) _____ Sex M F

Address _____

City _____ State _____ Zip _____

Email Address _____ T-shirt Size S M L XL

In case of emergency, please contact

Name _____ Phone _____

Signature _____ (Parent's or Guardian's signature required if under 18)

Make check payable to TRRC. Send to TRRC, P.O. BOX 711, Shrub Oak, NY 10588