



**Registration Form**  
**CNY Bread Run**  
**PO Box 57, Fabius, NY 13063**  
**Race Day 9.24.17**



**Full Name** \_\_\_\_\_

**Gender:** M F **Phone #** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street Address City State Zip Code

**Birth Date:** \_\_\_\_\_ **Shirt size:** Circle one: **S M L XL**

**If you want your favorite school to share the entry fee, please enter the school's name, city & state:**

\_\_\_\_\_

**Have you participated in the CNY Bread Run Before** \_\_\_\_\_ **What Year(s)** \_\_\_\_\_

**Circle event you are registering for:**

**10 Mile Run:**                 **\$40 by 8/31/17**  
  **\$50 09/01/17- Race Weekend**  
  **\$55 –Race Weekend**

**5k:**                                 **\$25 (\$5 additional if registering Race Weekend)**  
**Fun Run:**                     **\$10 (family max \$25)**

**Event Waiver and Release of Liability**

I state that I am a voluntary participant in this event, and in good physical condition. I know that this event is a potentially hazardous activity and I hereby assume full and complete responsibility for any injury or accident which may occur during my participation in this event or while on the premises of this event, and I hereby release and hold harmless and covenant not to file suit against this event and/or any affiliated individuals or entities associated with this event. I give my full permission to this event and their sponsors to use and photographs, videotapes or other recordings of me that are made during the course of this event. I understand that if I chose to walk the race I realize that if I am not able to reach a designated mile mark in a predetermined time period I will be re-routed so the roads may be roads on the route may be open to traffic.

\_\_\_\_\_ I have read, understand, and accept the agreement above. My submission of this form shall act as my legal signature.  
\_\_\_\_\_(Initials of: registrant, if over 18 years of age; or parent/legal guardian of minor, incapacitated, or mentally challenged person.)

**Payment Options:**   **Check**     **Visa or MasterCard (credit card service fee will be charged)**

**Credit Card #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_ **Security Code #** \_\_\_\_\_  
(3 digit # on back of card)

**Name on Card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Amount to charge** \_\_\_\_\_

**If paying by check, mail form and check (payable to Bread for Schools Run Corp.) by 9/12/17 to:**

**Bread for Schools Run Corp., PO BOX 57 Fabius, NY 13063**

**For complete information and maps - or to register online - visit our website:**

[www.CNYBreadRun.org](http://www.CNYBreadRun.org)