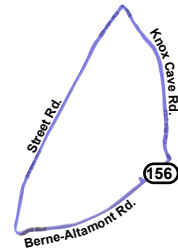




8th ANNUAL SAP RUN 5K

WALK
OR
RUN

SATURDAY
MARCH 23
2019
START TIME - 10 AM



View 5K map at
www.SapRun5K.org

REGISTER ONLINE

Go to www.SapRun5K.org
click link to register at Active.com



REGISTER BY MAIL

Fill out and mail form below with check or money order

Mail in registration deadlines:

Registration postmarked by February 28 \$18
Age 70 and up \$12

Registration postmarked after February 28
or pay on Race Day \$25
Age 70 and up \$20

KNOX TOWN HALL

2192 Berne-Altamont Road (NY 156)
Town of Knox, NY
(use Altamont, NY 12009 for some GPS systems)

AWARDS

Runners only
Top Male and Female Finisher
Top 3 Male & Female in each age group

**YOU MUST BE PRESENT AT AWARD CEREMONY
TO RECEIVE YOUR AWARD**

SEE
www.Hilltowns.org
FOR MORE
MAPLE
EVENTS

EAT AND SHOP IN BERNE AFTER THE RUN (JUST 6 MINUTES AWAY)

Pancake Breakfast
First Reformed Church of Berne
1652 Helderberg Trail Berne, NY 12023
(518) 872-1553

Mountain Winds Farm 10am - 4pm
Free Tour - Maple Products for sale
12 Williamson Road Berne, NY 12023
www.mountainwindsfarm.com

SEE
www.Hilltowns.org
FOR MORE
MAPLE
EVENTS

Need more info? See SapRun5K.org for details
or contact HHApuplicity@gmail.com (518) 872-1390

HELDERBERG HILLTOWNS ASSOCIATION 8TH ANNUAL SAP RUN 5K REGISTRATION FORM

Please send signed form and payment to:
Helderberg Hilltowns Association PO Box 59 Knox, NY 12107

One person per registration form

PLEASE PRINT
Email _____
Name _____
Address _____
City _____ ST _____ ZIP _____

Circle one: Run Walk
T-shirt size: Adult: S M L XL XXL
Youth: XS S M L

Please note: T-shirt size is guaranteed only for registrations received by February 28. We order extra and we'll do our best to fulfill desired sizes for registrations received after that date, but we may substitute another size depending upon availability.

Age _____ Sex _____ Phone # _____ Emergency Phone # during race _____

I am physically fit to participate in this event. I am participating in this event with the knowledge of the potential hazards involved and hereby agree to accept all risks of injury. I agree that my assignees, heirs, distributes, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by an agent or volunteer of the organization as a result of my participation in this event. I hereby release the Town of Knox, Albany County, the Helderberg Hilltowns Association and its officers, and all event volunteers and officials from all actions, claims or demands that I, my assignees, heirs, guardians, and legal representatives now have or may hereafter have for injury resulting from my participation in this event. By signing this waiver, I also acknowledge that any photos or video taken at the event may be used for promotional purposes by Helderberg Hilltowns Association, and may appear on Facebook, the HHA website, HHA e-Newsletter or in the Altamont Enterprise. If you do not wish your photo used, you may opt out of this portion of the waiver by writing "NO PHOTO" after signature below.

Signature _____ (if under 18 Parent/Guardian must sign)