



10TH ANNUAL SAP RUN 5K



WALK OR RUN

FREE T-SHIRT



WWW.SAPRUN5K.ORG

for more info and link to register online



SATURDAY

MARCH 25, 2023

Start Time - 10 AM

KNOX TOWN HALL

2192 Berne-Altamont Rd (NY-156)

(Use Altamont 12009 for GPS)

REGISTRATION

Student/Senior (18 and under/65 and up): Early-bird \$20 through 3/19; Week of and Race Day \$30

Ages 19 though 64: Early-bird \$25 through 3/19; Week of and Race Day \$35

One person per registration form - if mailing, post by March 17
Helderberg Hilltowns Assoc. PO Box 59 Knox, NY 12107

HELDERBERG HILLTOWNS ASSOCIATION SAP RUN 5K REGISTRATION FORM

PLEASE PRINT

Email _____

Name _____

Age _____

Address _____

Sex _____

City _____ ST _____ ZIP _____

Emergency Contact Name _____ Phone # _____

Early-bird (through March 19)

Student/Senior
(18 and under/65 and up) \$20
Ages 19 - 64 \$25

March 19 through Race Day

Student/Senior
(18 and under/65 and up) \$30
Ages 19 - 64 \$35

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.

PHOTO WAIVER:

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)

Date _____