

Cider 5 Registration Form 2021

October 9, 2021

626 County Route 22

Middletown, NY 10940

First Name *

Last Name *

Address *

Street Address

Address Line 2

City

Postal / Zip Code

State / Province / Region

Country

Email *

Phone *

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Age on Day of Race (Oct 9, 2021) *

Birthdate *

Gender *

Male

Female

T Shirt Size (First 100 registrants receive a t-shirt) *

—

- S
- M
- L
- XL

Event Choice *

- 5 MILE Run (\$30)
- 5k Run (\$25)
- 2 MILE Walk (\$25)

Disclaimer

I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, and administrator waive and release any and all claims for damages I may have against the Knights of Columbus, the race organizers, all sponsors, the Town of Waywayanda, the Town of Minisink, all volunteers, and all vendors from all liability arising from illness, injuries and damages I may suffer as a result of my participation in this event. I do hereby certify that I am physically fit and sufficiently trained for participation in this event.

Type in your name to accept this disclaimer to represent your acceptance and signature.

First

Last

Date

 / / 

MM

DD

YYYY

Spam Protection. Please answer this simple question.

If the car is red, what color is it?

Submit