

31st ANNUAL ILION DAYS

Around Town 5K Run/Walk Registration Form

RACE - July 22, 2017

Registration Fee: \$12 Postmarked by 7/19/17 / \$15 After 7/19/17

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email Address _____

Age _____ Sex: M or F

Shirt Size: Small Medium Large Extra Large



In case of emergency or other problem, please notify:

Name _____ Phone _____

Check One Run Walk

Please Read Carefully and Sign Below.

In consideration for allowing me to compete in the 31st Annual Ilion Days Around Town 5K Run/Walk, sponsored by the Ilion Days Committee, I hereby waive any liability that the sponsors may have to me arising out of participation in this year's run/walk. Furthermore, I hereby agree to hold harmless the Ilion Days Committee, and all sponsoring parties for any damage, either physical, personal, or property, which may occur to me, my property, or equipment which may arise in relation to my participation in this race.

I am aware that participation in this race may present a serious strain to my body or its parts, and by signature below, I attest that to the best of my knowledge, I am in good physical health and believe I am in condition to enter this event.

Signature _____ Date _____

Signature of Parent of Guardian _____ Date _____

Return form to:
Betty Jean Postiglione
Ilion Days Run/Walk Committee
8 Fourth Street, Ilion, NY 13357
315-894-2308
Checks Payable to: Ilion Days



Registration: Saturday-July 22, 2017 • 7 to 8 AM Ilion Library
Walkers start at 8AM, Runners shortly after by Ilion Marine Corps.
Sponsor: Mohawk Valley Healthcare System – FSLHC/St. E – Herkimer Office