



**Roy C Ketcham**  
**5K Color Run/Walk to Benefit**  
**Chapter 144 Disabled American Veterans**



Hosted by  
RCK Chapter of NHS

MAY 17th at Roy C Ketcham High School

**Early Entry Fee by May 4th: ADULTS \$25.00, CHILDREN (up to 14) & RCK STUDENTS \$15.00**  
**Entry Fee after MAY 4th and on Race Day ADULTS \$30.00, Children and Students \$20.00**

Please print legibly and complete the entire entry form. More than one entry may be mailed together with appropriate fees (Each individual must have a separate entry form - cash or check). Please make checks payable to **RCK Student Activities, in memo put NHS.** Students can drop off in an envelope to room 333. To mail in a form and registration fee use the address below:

MAIL FORM(S) and ENTRY FEES TO: **RCK RACE ATTENTION/ NHS**  
**99 Myers Corners RD**  
**Wappingers Falls, NY 12590**

*REFERRED by:*  
*ZACH SPADARO*

**Registration begins at 10:00am. 5K Run/Walk starts at 11:00.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age on Race Day: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_ @ \_\_\_\_\_

FREE T-Shirt Size (for first 50 applicants): Adult S \_\_\_\_ Adult M \_\_\_\_ Adult L \_\_\_\_ Adult XL \_\_\_\_

**PLEASE CHECK EVENT: 5K RUN \_\_\_\_ 5K Walk \_\_\_\_**

**Race Waiver:** I, Individually, (and/or as parent, and/or guardian of named minor) for and in consideration of acceptance of this entry in the aforementioned event, do hereby release, remise, waive, and forever discharge RCK NHS, SADD and CAPE of Dutchess County, and any and all other supporting groups of this said racing event, together with all their officers, agents, officials and employees, from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of, or relating to any injury, illness, loss, or damage, including death, relating to participation in the aforesaid event. I further state I am in proper physical condition to participate in this event. In addition, I agree that my participation in this event requires that I will not participate with roller blades, skateboards, or anything which the race director deems dangerous to myself or other participants and that the race director may remove me from this event for a violation of said policy. I further grant permission to this race and the organization conducting the race and or/ agents authorization by them to use any photographs, videotapes, motion pictures, recordings any other record of this event for any purpose. I also agree that all entry fees are non-refundable and that this entry is non-transferable. Thank you for participating.

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature if under 18: \_\_\_\_\_