

5k Cross Country Race

7th ANNUAL Greater Buffalo Track Club

**9AM Sunday, November 17, 2019
Delaware Park Meadows Golf Course,
Buffalo, NY**

Race: 5k race around Delaware Park Golf Course.

Start Time: 9:00AM

Start Line: Meadow Drive Near Delaware Park Golf Course 1st Tee & Starters Shed

Course map available at www.greaterbuffalotrackclub.com

Location: Delaware Park Golf Course, Meadow Drive, Buffalo, NY 14214

Entry Fee: \$15 until November 30, \$20 afterward, including race day (Registration fees are non-refundable and non-transferable.) Long sleeve cotton shirts to registrations received by 5:00 PM. Post race refreshments.

Online registration at: www.Active.com or download an application from www.buffalorunners.com or www.greaterbuffalotrackclub.com

Packet Pick-up Race day only at Delaware Park Golf Course starting at 8AM (CASH ONLY)

Awards: First male and female finishers (Overall), first masters male and masters female and first place in 5 year age groups

(PLEASE PRINT)

LAST NAME _____ FIRST NAME _____ M.I. _____

ADDRESS _____

TOWN/CITY _____ STATE/PROVINCE _____

ZIP/POST CODE _____ EMAIL _____

M ___ F ___ AGE (DAY OF RACE) _____ PHONE: (____) _____ - _____

T-SHIRT SIZE: S M L XL XXL No shirt

Runner's Signature: _____

Parent or Guardian Signature (if under 18): _____

Questions: Contact the Race Director at
tconn@roadrunner.com
Gbtc.president@gmail.com

Waiver must be signed for entry acceptance

In registering for Greater Buffalo Track Club's Delaware park cross country race I state that I fully understand and assume the risk and responsibility for participating in an athletic event. I hereby state that I am fit to participate. I also waive all claims for myself, and for anyone acting on my behalf, against the Greater Buffalo Track Club, any and all sponsors, the city of buffalo and Olmsted parks, County of Erie, State of New York and NY State Dept. of Parks for damages that might result from my participation therein. If I am injured or taken ill, I hereby authorize race officials to transport me to a medical facility and/or to administer emergency medical treatment and waive all claims for damages that might result from such transport and/or treatment. I also agree to provide certain medical data to race officials to expedite such treatment.

Make checks payable and send to:

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