



# Race for a Cause



**FITNESS CENTER**

**5K Run / 2 mile Walk**

**2010**

## supports **The American Cancer Society- Relay for Life**

**Date & Time** Thursday April 29<sup>th</sup>, 2010  
Registration starts @ 4:30pm; Race Starts @ 6:30pm

**Race Director** Laurie Phillips, 716-824-4655

**Location** Southtowns Fitness Center  
2745 Seneca Street, West Seneca, NY 14224

**Registration** \$18.00 for pre-registration at the Southtowns Fitness Center  
\$22.00 day of race -registration will open at 4:30pm



Long Sleeve T-Shirts for first 200 registrants

Check Payable to & mail to- SFC Race for a Cause  
2745 Seneca Street  
West Seneca, NY 14224

**Awards** Special awards given to the first overall male and female, plus medals given to the top three in each of the following age groups (male and female) - 14 and under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70-74, 75 and plus

**Course** USAT&F sanctioned course beginning and ending at the Southtowns Fitness Center.

**Post Race Party-** The party will feature music, beginning at 7:30pm. The Awards ceremony includes door prizes, food and refreshments

**Finish Line by W.N.Y Finish Line Services**

**MAIL TO:** SFC Race for a Cause • 2745 Seneca Street • West Seneca, NY 14224

I know that running a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic, and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself, and anyone entitled to act on my behalf, waive and release the Southtowns Fitness Center, the Town of West Seneca, and all sponsors, their representatives and successors from all claims of liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent or Guardian if under 18 \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Age on Race Day \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

T-Shirt Size:  S  M  L  XL  XXL