



Run for Love is a key part of the Cider and Donut Festival/BHPA Carnival.

Sunday, Sept. 22nd (Rain or Shine)

(Chip timing by Super Race Systems)

(Please use one form for each runner)

Name _____

Address _____

Town _____ State _____ Zip _____

Phone _____ Email _____

Age on 9/18/22 _____ Male _____ Female _____

Shirt Size, ash, Mile, and 5K
(circle one)

Adult: S, M, L, XL, Youth:

(T-shirts guaranteed to the first pre-registered 200 entrants. Sizes based on availability)

Individual Registration

9:15 McIntosh Mile - \$25 Day of Race \$30
Medals to top ten boys and girls

9:30 5K Run/Walk - \$30, Day of Race \$35
Medals to top three in each age group

10:15 Donut Dash - \$10 (100yards)
unt ed ages 2-8 Donuts to all participants

Team Registration (5K Only)

In addition to the male and female overall and age group competitions, teams of up to 5 runners can sign up for no additional fee above the normal entry fee. The fastest three runners' times for each team will be totaled and lowest total team time will win special recognition. To compete in the team competition, YOU MUST PRE-REGISTER BY MIDNIGHT SEPTEMBER 20, 2024 and identify your team name below.

TEAM NAME: _____

Total Amount Enclosed \$ _____ Make checks payable to: The Armonk Chamber of Commerce
Mail check and registration to: *The Armonk Chamber of Commerce, PO Box 24, Armonk, NY 10504*

All participants must read and sign this waiver: In consideration of accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims of damages I, or any members of my family, may accrue against the Town of North Castle, the Armonk Chamber of Commerce their successors and assigns, from any and all injuries suffered by me or any members of my family in said event. I attest and verify that I and any members of my family will participate in this event as a footrace or walk entrant, tha I and any members of my family are physically fit and have sufficiently trained for the completion of this event and I and any members of my family have been cleared by a licensed medical doctor. I hereby grant full permission to any and all of the foregoing to use photographs, recordings, or any other record of this event for any legitimate purpose.

Signature: _____ **Date:** _____

(Parent/Guardian if 18 and under)

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Cider & Donut Festival BHPA Fall Carnival

JAMIE'S RUN FOR LOVE 2024

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