

# WESTCHESTER MEDICAL CENTER HALF MARATHON & QUARTER MARATHON

SUNDAY OCTOBER 10, 2010



Presented by:



and  
The Westchester County  
Parks & Recreation  
Department

Fee Schedule for the Half Marathon & Quarter Marathon:  
*Choose One*

**\*Half Marathon Walker – 13.1 Miles – 8:00 Start**

- \$45 thru April 30<sup>th</sup>
- \$50 from May 1<sup>st</sup> thru July 31<sup>st</sup>
- \$55 from August 1<sup>st</sup> thru October 7<sup>th</sup>

\*Walkers are not eligible for age group awards

**Half Marathon – 13.1 Miles – 8:30 Start**

- \$45 thru April 30<sup>th</sup>
- \$50 from May 1<sup>st</sup> thru July 31<sup>st</sup>
- \$55 from August 1<sup>st</sup> thru October 7<sup>th</sup>

**Quarter Marathon – 6.55 Miles – 9:00 Start**

- \$35 thru April 30<sup>th</sup>
- \$40 from May 1<sup>st</sup> thru July 31<sup>st</sup>
- \$45 from August 1<sup>st</sup> thru October 7<sup>th</sup>

Online Registration via  
[www.Active.com](http://www.Active.com):



Please make sure to include a legible **EMAIL ADDRESS** to receive a confirmation of your entry.

*All fields required	Participant Information
Name	
Street Address	
City	
State & Zip Code	
Phone Number	
Email Address	
Emergency Contact Name	
Em. Contact Phone #	
Date of Birth (mm/dd/year)	
Race Day Age	
T-Shirt Size (S, M, L, XL)	*You must register by September 15 <sup>th</sup> to receive a t-shirt
Gender (M/F)	

Please visit [www.GenesisAdventures.com](http://www.GenesisAdventures.com) for all Rules & Information regarding the Event.

Make checks payable to: **GENESIS ADVENTURES**

Mail to: **GENESIS ADVENTURES, PO Box 644057, Vero Beach, FL 32964**

\*Mail-in Registrations must be received no later than September 30, 2010

Send questions to [info@genesisadventures.com](mailto:info@genesisadventures.com) Web: [www.genesisadventures.com](http://www.genesisadventures.com) Phone (203) 232-9615

# **\*\*A Signed Waiver Must Accompany All Registrations\*\***

## **PARTICIPANT RELEASE OF LIABILITY and IMAGE RELEASE** **PLEASE READ BEFORE SIGNING**

In consideration of being allowed to participate in any way in the above competitions, related events and

activities, I, \_\_\_\_\_, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in the Genesis Adventures event is significant and includes, but is not limited to, the following; drowning, near-drowning, sprains, strains, fractures, heat and cold injuries, over-use syndrome, injuries involving vehicles, animal bites and stings, contact with poisonous plants, accidents involving, but not limited to; paddling, climbing, biking, hiking, skiing, snow shoeing, travel by boat, truck, car, or other conveyance, and the potential for permanent paralysis and death. While particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS GENESIS ADVENTURES, Inc., their officers, officials, agents and/or employees, Westchester County, its officers, employees and agents, Westchester Medical Center, The State of New York, their officers, officials, agents and/or employees, independent contractors, other participants, sponsoring agencies, sponsors, advertisers, volunteers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

5. I further state that I am in proper physical condition to participate in this event and am at least 18 years of age. Otherwise parental signature is required.

6. The Releasees reserve the right to postpone, cancel, or modify the event due to weather conditions or other factors beyond the control of the releasees that might affect the health or safety of the participants. No refunds will be granted.

7. I grant permission for the use of my name and or likeness related to my participation in any event conducted by Genesis Adventures, Inc. I also grant the use of my voice and any and all recorded and or filmed/video/photographed footage of me, and further waive all rights to any compensation, as a result of my name or likeness being used in any way.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date Signed \_\_\_\_\_

Event Name \_\_\_\_\_ Date of Event \_\_\_\_\_