

Receipt # \_\_\_\_\_  
CA/CK AMT \_\_\_\_\_

# KIDS HELPING KIDS

## Charity 1 Mile Color Run!

### Saturday, June 16<sup>th</sup> at 9am

Seneca Falls Parks & Recreation  
Charity Color Run Registration Form

Welcome to the Charity Color Run 'Kids Helping Kids' for Seneca County House of Concern. This year the Seneca Falls Parks and Recreation will be partnering with Seneca County House of Concern to host a Community Charity Color. The food insecurity rate in Seneca County is around 11.9%- this means 1,000's of people, many children, going to bed hungry every night.

**The Mission:** We are hosting this event to raise awareness, help our hungry and strengthen our community. The 1 mile color run will be held on June 16<sup>th</sup>, 2018 at 9am.

**Race Day Registration:** Begins at 8:15 am and will close at 9am

**Race Location:** The event will be held at the Mynderse Academy Track and Field and is 1 mile long.

**Registration Fee:** \$15 *PLEASE REGISTER BY JUNE 1<sup>ST</sup> TO ENSURE A T-SHIRT!!*

**Please Print:**

Participant's

Name \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender (please circle) Female | Male

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name & Number \_\_\_\_\_

**Parent/Guardian Data:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Participant's Shirt Size (please circle) 6-8 | 10-12 | 14-16 | Adult SM | Med | LG | XL | XXLG

**LIABILITY WAIVER**

I the undersigned, agree to let my child participate in the Seneca Falls Recreation Center & Parks Commission's **Charity Color Run**. I understand and agree that the SENECA FALLS RECREATION CENTER & PARKS COMMISSION, its DIRECTORS, MANAGERS and OTHER ORGANIZERS shall in no way be held liable for any injury received while participating. I understand it is my responsibility, through consultation with our family physician, to insure that my child is fit to participate in this program.

I do, hereby, assume all NORMAL risks and hazards incidental to the conduct of the above named program. I further release, absolve, indemnify and hold blameless the SENECA FALLS RECREATION CENTER & PARKS COMMISSION or any of the personnel appointed by that COMMISSION or the TOWN OF SENECA FALLS.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT OR PARENT/GUARDIAN

**MAKE CHECKS PAYABLE TO "HOUSE OF CONCERN"**

**DELIVER OR MAIL COMPLETED FORM AND PAYMENT TO:  
SENECA FALLS REC & PARKS, 35 WATER ST., SENECA FALLS, NY 13148.  
VISIT US ON THE WEB AT WWW.SENECAFALLS.COM  
OR JOIN US ON FACEBOOK (SENECA FALLS RECREATION)**



**Seneca County  
House of Concern**

**In conjunction with**

**Seneca Falls Parks & Recreation**

***“KIDS HELPING KIDS”***

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Saturday, June 16<sup>th</sup> at 9am**