

# THE MOM MCGRAIL MEMORIAL SCHOLARSHIP

## 9<sup>th</sup> Annual 5K Run ~ Walk

### Saturday, August 3, 2019

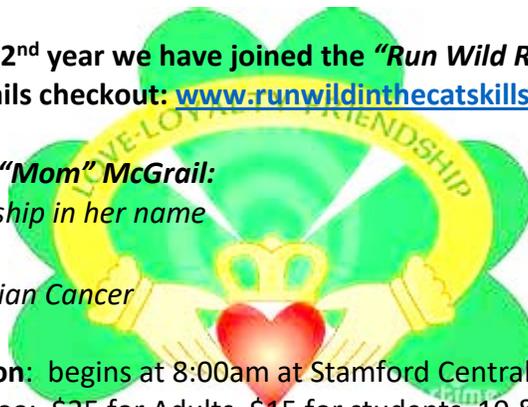
STARTS AND FINISHES AT STAMFORD CENTRAL SCHOOL  
1 RIVER STREET, STAMFORD, NEW YORK

2019 Marks the 2<sup>nd</sup> year we have joined the "Run Wild Racing Series"

For details checkout: [www.runwildinthecatsskills.com](http://www.runwildinthecatsskills.com)

Come join us in memory of Kathleen "Mom" McGrail:

- to raise money for the scholarship in her name
- to share and make memories
- to increase awareness of Ovarian Cancer



**Registration:** begins at 8:00am at Stamford Central School

**Registration Fee:** \$25 for Adults, \$15 for students, 10 & under free

**\*\*\*Participants of Girls on the Run are invited to run for free!!! Please wear your GOTR T-shirt during the race.\*\*\***

**Please make all checks out to: The Mom McGrail Foundation**

**First Name:** \_\_\_\_\_ **Last Name** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Age as of Aug 11, 2018:** \_\_\_\_\_

**T-shirt size (please circle one)** Youth: S M L XL Adult: S M L XL XXL

**ASSUMPTION OF RISK AGREEMENT: Read before signing**

Organization Name: **Mom McGrail Foundation** Participant Name: \_\_\_\_\_

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
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.
3. I willingly agree to comply with terms and conditions for participation. If 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 immediately.
4. I, for myself and on behalf of heirs, assign, personal representative and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE **Mom McGrail Foundation**, it's officers, officials, agents and/or employees, other from any and all claims, demands, losses and liability arising out of or related to any INJURY, DISABILITIY OR DEATH I may suffer, or loss or damage to person or property. WEATHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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

Participant's Signature: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature if Under 18: \_\_\_\_\_