Remembering Our Angels
A Journey Like No Other

3rd Annual 5k Race & 1 or 2 Mile Walk

Saturday October 1, 2016 at 9:00am • Maple Ridge Center • Lowville, NY

www.facebook.com/journeylikenoother

5K Competitive Run Walk Registration begins at 8:00am. Run and Walk begin at 9:00am. Awards for the 5K Run include: Top overall male & female, plus 1st, 2nd, and 3rd place in each age division (Must be 9 years old on event day to qualify for prizes)

Registration Mail completed registration forms to: Remembering Our Angels, 10292 Resha Road, Castorland, N.Y. 13620. You may also register at **runsignup.com**

Registration Period July 25 through September 23, 2016 in order to receive a t-shirt on event day. Those who register after September 23, 2016 are not guaranteed a t-shirt. A limited number of shirts will be available the day of the event.

Run/Walk Fees $25 for 9 and older, this includes a t-shirt. After September 23, 2016 registration fee will be $30. 8 & under are free of charge and without a t-shirt however, you can purchase a t-shirt at an additional cost of $10/shirt. Most Credit Cards accepted for additional fee (2.75%-3.5%). **For the event, please make checks payable to Jacqueline M. Pate/Remembering Our Angels.**

Donations If you are unable to walk or run but would like to donate to the Caitlyn R. Paté Fund you can make a check payable to Lewis County Hospital Foundation-Caitlyn R. Paté Fund. Checks can be mailed to: 7785 North State Street, Lowville, N.Y. 13367 or simply bring it to the event! You can also make donations via Credit Card.

In consideration of this entry, the undersigned, intending to be legally bound hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages or injuries I may have as a result of said event against Remembering Our Angels, Maple Ridge Center, the volunteers and sponsors for this event. I further warrant that I have trained for a race of this distance and weather conditions and that I am physically fit for such an event. In consideration for being permitted to participate in this event, I agree to personally assume all risks and to release, hold harmless and covenant not to sue Remembering Our Angels, and any designated beneficiaries, sponsors, officials, participating clubs, communities, organizers, friends of the event, volunteers and all public and government entities. The event will be held rain or shine. However, in the event of lightning and/or severe weather, the event may be cancelled. I also understand that the registration fee is non-refundable and non-transferable even if I do not participate in the event. Photos may be used for promotional purposes.

I understand and agree to the waiver. Signature _____ Date_____

Name:_____ [_] Male [_] Female Age on event day_____

Address:_____ City/State/Zip:_____

Phone number:_____ Date of birth:_____ Email address:_____

[_] 5k Runner Age divisions: [_] 10-19 [_] 20-29 [_] 30 -39 [_]40-49 [_] 50-59 [_] 60+ [_] Walker

Name of Baby you are supporting/would like to have announced during balloon ceremony:_____

Number of balloons needed for balloon release ceremony:_____

Color of Balloon needed (please circle) Pink Blue Yellow

Baby/Infants name to be on T-Shirt _____

T-shirts Sizes: Adult [_]S [_]M [_]L [_]XL [_]2X +2.00 [_]3X+3.00 Youth [_]S(6-8) [_]M(10-12) [_]L(14-16)

AVAILABLE ON EVENT DAY FOR ADDITIONAL COSTS (preorder to guarantee you get the product order)

Remembering Our Angels wristbands: #_____ x $3.00 =_____

♫ Music CD's for Remembrance & Healing: #_____ x $5.00 =_____

Additional T-Shirts (please indicate sizes on back along with names) # _____x $10.00 **Total Cost: $**_____

ALL PROCEEDS TO BENEFIT THE CAITLYN R. PATÉ FUND