



# THE 8<sup>th</sup> ANNUAL *Malta5k*

PRESENTED BY

THE MALTA BUSINESS & PROFESSIONAL ASSOC.

*Saturday September 9, 2017*

**Pre-registration- \$26 Day of the event- \$30**

**Register Online:** malta5k.com **Email:** info@malta5k.com

HVCC-TEC SMART 345 Hermes Road Malta, NY 12020

## Participant Registration Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E Mail \_\_\_\_\_

Age on Race Day \_\_\_\_\_ USATF Membership # \_\_\_\_\_

### PARTICIPATION WAIVER

I, the undersigned, hereby waive and release any and all rights I, my heirs and assigns may have against Malta Business & Professional Association, ARE Event Productions, The Luther Forest Technology Campus, NYSERDA, Hudson Valley Community College, The Town of Malta, Saratoga County, GLOBALFOUNDRIES, and all representatives, employees and volunteers and all sponsors for injury (including death) and loss / damages, which I may have arising out of the event, both present and future claims and liabilities of any kind, known or unknown, arising out of my participation in this event or related activity, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities.

I attest and verify that I will participate in this event as a foot race entrant and that I have sufficiently trained and that my physical condition has been verified by a licensed medical doctor.

I grant full permission to any and all of the foregoing to use any photographs, videotapes, recordings, or any other records of me at this event for any purpose whatsoever.

If for a minor child or ward, the undersigned acknowledges I am a parent or guardian of the minor child or ward, and on behalf of myself and the child or ward grant the above waiver and release, and permission and make the attestation and verification.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**To register by mail: Make checks payable to MBPA**  
**Mail to: Malta5k, c/o AREEP, PO Box 38195, Albany, NY 12203**  
**Questions or Comments: [info@malta5k.com](mailto:info@malta5k.com) or visit us at: [www.malta5k.com](http://www.malta5k.com)**