

A Wicked Fun Run To Benefit Medicine Horse Farm.

REGISTRATION FEE: MONSTER DASH 5K \$15 GOBLIN GALLOP KIDS RUN UNDER 12 ONLY \$10 **SHIRTS AVAILABLE FOR \$20**

SEE INFORMATION BELOW

Make checks payable to: MEDICINE HORSE FARM Send signed release, completed entry form and check to: **Medicine Horse Farm** 38 Lizzies Lane, Morrisonville, NY 12962

ABOUT THE RACE:

There will be a clearly marked 5K course (3.1 miles) down a dirt road and groomed trails.

There will be **Zombles**. Their job is to chase you & capture your "lives"

On race day you will be given your flags that must be clearly attached around your waist. The flags represent your lives. The **Zombles** will be after your lives.

First, Second and Third place finishers will receive an award.

You must complete a signed race waiver in order to participate as well as showing your photo ID to receive your flags on race day.

Please wear comfortable running or trail shoes and dress for the weather. We will run rain or shine.

- Direct and intentional physical contact with any runner or Zomble is strictly prohibited. You will be asked to leave the premises without refund.
- You can wear whatever you want, but all runners must wear their racing bib and it must be clearly visible.
- No pets or small children are allowed to race the 5k with you.
- Runners must abide by all instructions given from the race staff and volunteers.
- Runners must be at least 12 years old by race day or MUST be accompanied by an adult to participate in the 5k. (without an adult they may participate in the Goblin Gallop Kids Run)

____ First Name:___

Last Name First Name:		1110000 11110 1111				
Address:			PRE-ORDER A MONSTER DASH SHIRT?			
City:	State: Zip:		YES			
Telephone: () Email:		<u>Pleas</u>	Please Indicate Size Below			
Age on Race Day: MaleFemale 5K Kids Run		<u>Adul</u>	MED.	SM. LG. MED.		
Registration Fee: \$ + Shirt \$(please indi	= \$ cate amount enclosed)					
I know that participating in a 5K run/walk or fun run is a potentially hazardous actirisks from participating in this event and its related activities including, but not limi precipitation, traffic and the conditions of the road; all such risks being known and eration of your accepting my entry fee and participation, I, for myself and anyone sponsors and their respective affiliates, subsidiaries, principals, directors, agents kind arising out of my participation in this event or its related activities which I or release and waiver extends to all claims of every kind and nature whatsoever. I gany other record of this event for any lawful purpose. Applications for minors will be in the 5k. In the event I require medical attention, I hereby give consent to authorace organizers have the right to refuse participation for any reason. I understand	tted to: falls; contact with other particip, appreciated by me. Having read this wentitled to act on my behalf, waive anc, officers, employees or contractors of my successors, assigns or heirs may grant permission to all of the foregoing accepted only with a parent's signal brize medical personnel to provide suc	ants; effects of the weathe aiver and release and kno release Medicine Horse f and from all claims, liabil ever have now or in the fut to use any photographs, ure but must be at 14 yea th medical care as deeme	r, including high wing these farm, race off ities or cause uture against motion picturers of age or old	gh heat, hu cts and in c icials, voluing s of action any of ther es, recording der to part	umidity, consid- inteers, n of any m. This ings, or ticipate	
Participant Signature:		Date:				
Parent of Participant under age 18:		Date:				