

19th Annual Crouse 5K Challenge

Your race starts here!



Post Race Party

Music, Food & Beer

Award Ceremony

Overall M/F

Age Categories

Proceeds benefit GCS

Dennis Crouse Sr., Scholarship
Fund

& Blue By U...Youth Track Club

Blue By U...2015 photo by: Belleideephoto-
graphy.com

Visit our website: gtownfit.weebly.com or Facebook GTownFit

Race Director: Jennifer M. Gernatt (716) 860-8782 or email JenniferGernatt@yahoo.com

Name: _____

Address: _____

Phone: _____ **Race Day Age:** _____ **Male or
Female:** _____

Circle one for shirt size: (Guaranteed only for FIRST 125 registered)

YS YM AS AM AXL AXXL or GCS Student (no shirt)

Circle one: 5K Run 5K Walk 5K GCS Student (no shirt)

or 1/2 Mile Fun Run (7& under only)

Declaration of Release: In consideration of you accepting my entry and permitting me to attend or participate therein, I intend to be legally bound for myself, my heirs, my executors and administrators to waive and release any and all rights and claims for personal injury or other damages I may now or in the future have against the sponsors of this event, Gowanda Chamber of Commerce, NYSDOT, Village of Gowanda, American Legion, Crouse 5K Challenge Race Committee and their agents or assignees for any and all personal injuries, damages, losses and injuries suffered from or incurred in our attending of this event.

Signature (if minor, parent signature)

Date

Payment to: Crouse 5K Challenge