



2009 Parkinson Canal Runner Registration Form



WHEN: Registration and number distribution will begin at 7:30 a.m.
Start time 9 a.m., Sunday, April 26, 2009

WHERE: Meridian Centre Park at the Erie Canal Towpath
2025 Winton Road South, Brighton, NY

RACE COURSE: The running course will begin at Meridian Centre Park and proceed out and back along the canal path. USATF Certified Course NY0800SJG. Two water stations; clock at one-mile split. "DAG" disposable chip system by PCR Timing (www.pcrtiming.com).

PRIZES: Cotton T-Shirts for 300 Runners. \$150, \$100 and \$50 Prizes for 1st, 2nd and 3rd Place Male and Female Runners. Prizes for 1st, 2nd and 3rd place Men and Women in the following age categories: 19 and under; 20-29; 30-39; 40-49; 50-59; 60-69; and 70+. Tech shirts available for pre-registered runners only for additional \$5 fee.

**Parkinson's Support Group
of Upstate New York**
*a chapter of the
National Parkinson Foundation*

P.O. Box 23204
Rochester, NY 14692

(585) 234-5355

www.psguny.org

PARKINSON CANAL 5K REGISTRATION

Registration	\$25
Tech Shirts (only available for preregistration) —	optional \$5
Shirt size — S M L XL	\$30

FUNDRAISING:

Individual runners may pre-register online for \$18 (go to Active.com), or register by mail or the day of the race for \$25. Those collecting donations friends and family totaling \$100 or more may register for FREE! PSGUNY is a 501(c) 3 charitable organization. Make checks payable to PSGUNY. Send forms and checks to Parkinson Run/Walk, Attn: Pete Smith, Race Director, PO Box 23204, Rochester, NY 14632 or bring it to the race. Prizes will be awarded to the top fundraising individual and the top fundraising team captain. Organizations, workplaces, churches and clubs may form teams. The team captain will collect team donations and register the team. If you'd like, choose a team color, team name or wear unifying T-shirts. Have fun, while raising money for a great cause!



Name _____

Street Address _____

City _____ State _____ Zip _____

E-mail address _____

Our Mission:

SUPPORT people with
Parkinson's disease and their
care partners

EDUCATE the community
about Parkinson's disease

FIND a cure

I ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATING IN THIS EVENT INCLUDING, BUT NOT LIMITED TO, FALLS, CONTACT WITH OTHER PARTICIPANTS, THE EFFECTS OF WEATHER, TRAFFIC, AND CONDITIONS OF THE ROAD, ALL SUCH RISKS BEING KNOWN AND UNDERSTOOD BY ME, HAVING READ THIS WAIVER, AND IN CONSIDERATION OF YOUR ACCEPTING MY ENTRY, I, AND FOR ANYONE ELSE ENTITLED TO ACT ON MY BEHALF, WAIVE AND RELEASE THE PARKINSON'S SUPPORT GROUP OF UPSTATE NEW YORK (PSGUNY), THE NATIONAL PARKINSON FOUNDATION, ALL SPONSORS AND VOLUNTEERS, THE TOWN OF BRIGHTON, THE COUNTY OF MONROE, THE STATE OF NEW YORK, THEIR REPRESENTATIVES AND SUCCESSORS FROM ALL CLAIMS OR LIABILITY OF ANY KIND ARISING OUT OF MY PARTICIPATION IN THIS EVENT.

Signature _____

(Parent or guardian must sign for all participants under the age of 18)