

Catskill Spring Rush Official Race Form

1. CHECK THE RACE YOU ARE ENTERING (Please attach team applications together)

Iron Man

Iron Woman

Team (relay)

Spring Rush Cup Team (Schools Only)

2. LAST NAME

FIRST NAME

M.I.

3. Team Member-2

Team Member-3

4. STREET ADDRESS

5. TOWN/CITY

STATE

ZIP CODE

6. HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

7. DATE OF BIRTH

E-MAIL ADDRESS

8. REGISTRATION FEES:

\$35.00 per person for all events (Team forms must be attached together)

9. KAYAKS will be available at NO CHARGE on a limited basis, first come first serve.

10. METHOD OF PAYMENT

Cash \$

Check #

11. I know that running, biking, and rowing are potentially dangerous activities. I should not enter and participate in any event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all the risks associated with participating in this event including but not limited to: falls, water accidents or injuries, contact with other participants, the effects of weather, including high heat and /or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Catskill School District and the DECA chapter, its sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Entry fee will not be returned due to "acts of God."

Signatures: _____ Date: _____

Parent's Signature: _____ Date: _____

**MAIL TO: Spring Rush - Catskill High School Business Club – 341 W. Main Street - Catskill, NY 12414
Telephone: 518-943-2300 – E-Mail pbernand@catskillcsd.org**