



# 2018 BINGHAMTON Santa Run

## Sunday December 9<sup>th</sup> 5K Run 11:00am start

Prizes awarded to: Overall & Masters M/F- Top3; Age Div. M/F- Top2;  
***Plus Prizes for Best Costumes, Santas & Groups***

[www.binghamtonsantarun.com](http://www.binghamtonsantarun.com)

Kids Run w/Santa over the bridge 10am start (no registration necessary)

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Division:  Male  Female Age \_\_\_\_\_

SHIRT SIZES:

(adult sizes) : S M L XL XXL (youth sizes) : S M L XL

Entry fees by 12/1/18 will be available for early check-in (inc. Long Sleeve Shirt, Picture with Santa & Santa Hat): \$25/individual runner

Late entry (after 12/1/18) fees race weekend (Long Sleeve Shirt, Picture with Santa & Santa Hat as avail.): \$30/individual or team runner

Early check in: Sat. Dec. 8 10am-12pm - Confluence Running, 46 S. Washington Street, Binghamton NY

Race Day check in: 9am-10:30am - The DoubleTree by Hilton, 225 Water Street, Binghamton NY

Contact: binghamtonsantarun@gmail.com Make checks payable to: St. John PTG

Mail entries to: Santa Run c/o St. John School, 9 Livingston St, Binghamton NY 13903

Waiver- I know that participating in this race is a potentially hazardous activity. I should not participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my participating in this event including, but not limited to, falls, contact with other participants, the effects of weather, and conditions of the course, all such risks being known and understood 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 race organizers, St. John the Evangelist School, St. John the Evangelist School PTG, all 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.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(if under age 18)