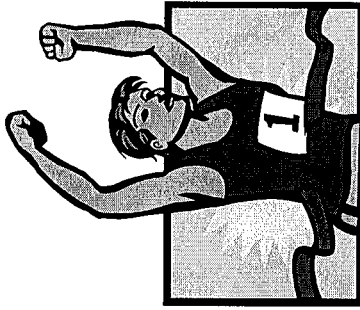


12TH ANNUAL 5K RACE
CELEBRATING THE

BYRON BICENTENNIAL
2022



Saturday, August 20th, 2022

8:00 - 5K Race Start

*Byron Community Park - Rt.
262*

Registration from 7:00 - 7:45

Participants for 5k must be 8 or older

Brad Nickerson

5597 Cockram Road

Byron, NY 14422

12th Year 5K Race Information:

Saturday, August 20, 2022

Byron Community Park

Route 262, Byron, NY 14422

Race start: 8:00 a.m.

Registration from 7:00-7:45 a.m.

**USATF Certified Course –
NY18105KL**

Rain or Shine

Participants must be 8 or older

REGISTRATION FEE:

\$20.00 registration fee paid by July 29th
Race t-shirt for the 1st 30 registrations

\$30.00 registration fee on race day

Family + school team discounts available

<https://runsignup.com/Race/NY/Byron/ByronHeritageFestival5k>

Prizes:

- The Top male and female winner of the run will receive trophies
- Winners within age groups will receive 1st, 2nd and 3rd place medals
- Proceeds benefit the **Byron Rescue Squad**
- <https://gofund.me/c0d1d2f7> for donations

WAIVER

In consideration of your accepting this entry, I, the undersigned intending to be legally bounded, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have or which may hereafter accrue to me against Byron Rescue Squad, Town of Byron, and any and all other sponsors and their representatives, successors and assigns For any and all injuries suffered by me in said event or arising out of my traveling to and/or returning from said event. I have read the above statements. I fully understand them, and my signature confirms their full acceptance. I attest and verify that I have knowledge of the risk involved in this event, and I am physically fit and sufficiently fit and sufficiently trained to participate in this event.

Signature of Runner/Walker

Date

Signature of Parent or Guardian

(If runner/walker is under 18)

FIRST NAME LAST NAME

ADDRESS

____ MALE ____ (AGE)

(Must be 8 or older)

____ FEMALE ____ (AGE)

(Must be 8 or over)

circle: WALKER RUNNER

T-shirt size: SM MED LARGE XL

AMOUNT PAID: \$ _____

Please make checks payable to:

Byron Rescue Squad

Send completed forms to:

Bradford Nickerson

5597 Cockram Rd. Byron, NY 14422