The 12th Annual Shamrock Run

Saturday March 4, 2017 • Burnet Park • Syracuse, New York

PS N/BIB

Entry Form

Please consider registering electronically. Save a tree! Go to RunSignUp.com

Last Name | First Name | Sex | Age as of 3/4/17

Street Address | City | State | Zip

EVENT: **4 Mile Race** ☐ **Kids Fun Run** ☐ **Hunger Project Donation $**_____ (Optional)

E-mail: _____ **Phone #** _____

Registration Fees 4 Mile Run: $25 pre-registration through February 24; $30 February 25- March 3 and $40 race day
$10 Military discount *(Bring Military ID to packet pickup)* **Kids Fun Run Ages 5-12:** $5.00

Choose one:

❏ **Shamrock Run Logo Pint Glass**

OR

❏ **Adult Tech Shirt (unisex):** _____Small _____Medium _____Large _____XL _____XXL
The first 2,500 will be guaranteed their first choice.

Kids Cotton T-shirt size: _____Medium _____Large _____XL (Adult shirts NOT available for Kid's Run)

The event will take place rain or shine. We reserve the right to cancel in extreme circumstances and there will be no refunds. Your entry fee will be used as a donation to the Tipperary Hill Neighborhood Association.

Please send registration and check payable to:
Tipperary Hill Neighborhood Association
C/O Masterpole Murphy Insurance
1524 West Fayette Street, Syracuse, New York 13204

Due to the size of our race STROLLERS and DOGS are NOT allowed on the course.

Mailed forms must be received by March 1st or register at www.RunSignUp.com.

Please read and sign:

I agree to hold harmless the Tipperary Hill Neighborhood Association, Inc., the race committee, vendors, volunteers, and sponsors, from all cost and liability arising out of my participation. I hereby waive all my claims for damage or loss to my person or property which may be caused directly or indirectly from my participation and hereby assume liability for any loss, damage or other liability from the Tipperary Hill Shamrock Run '17. I give my permission for medical release should I be involved in any accident or health-damaging situation or should I require a form of medical treatment. I hereby attest that I am in proper health and physical condition to participate. I hereby grant full permission to use any photographs, videotapes, recordings or any other record of this event for promotional purposes. **Mailed forms must be received by March 1st.**

I have read the above release and agree to the terms.

_____
Signature of participant

_____
Signature of parent (if participant is under 18)