



# CAROLER 5K

Saturday, December 15, 2018 10 AM  
IRISHMAN PUB 162 Main St. East Aurora

## UGLY SWEATER RACE

**DAY OF PICK UP & race registration:** 7:45-9:45 AM. Race starts at 10:00 AM. First 400 participants will receive custom winter hat. Packet pick-up & party **IRISHMAN PUB** 1 slice & beverage on the house!

Awards 3-deep in 5-year age groups. Bring a non-perishable food item to help a family in need this holiday season!

**Event is sanctioned by USATF ~ Course Certification NY12150JG**

**\$20 Early Reg (until 10/31) | \$25 Late Reg (until 12/9) \$30 Race Week Reg (12/10-12/15)**

Course map available online

Visit [www.eclipsemultisport.com](http://www.eclipsemultisport.com) | Questions, [dan@eclipsemultisport.com](mailto:dan@eclipsemultisport.com)

**Last Name:** \_\_\_\_\_ **First Name :** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Custom knit winter hat given out at packet pickup**    **Race Day Age** \_\_\_\_\_    **Gender (circle one)**    **M**    **F**

In consideration of you accepting my entry and permitting me to attend or permitting me to participate therein, I intend to be legally bound hereby for myself, my heirs, executors or administrators, waive and release all rights and claims for damages I may now or in the future have against Eclipse Multi-Sport, their representative(s), Venue, Volunteers, Village of East Aurora, Irishman Pub, Agents, Sponsors, Members or Vendors for any and all losses and injuries suffered from competing in, or attending said event. I give my permission to publish in a newspaper or any mass media, any photographs, slides or videotape in which I appear while participating in any Eclipse Multi-Sport activity. I understand that walking or running in a road race is potentially hazardous activity. I should not participate unless I am medically able and properly trained. I also understand that my entry fee is nonrefundable. A parent must sign if an entrant is under 18 years of age. This is to certify that my child had permission to compete in the events, are in good physical condition, and the event officials may authorize necessary medical treatment. By signing below I agree to these terms.

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

If under 18, signature of a parent or guardian is REQUIRED

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail and make checks payable to:**  
**Eclipse Multi-Sport**  
**5859 Woodlee Court Orchard Park, NY 14127**

**BROUGHT TO YOU BY !!**

