



2016 Kingston X-Country Summer Series



Race Day Registration: 6:00pm-6:45pm

START: Kids Race (14 & under) 6:45pm, Adult Race (15 & over): 7:00pm

- Race #1 July 6 Twin Lakes – 198 Walton Lane, Hurley, N.Y. 12443**
- Race #2 July 13 Hurley Rail Trail - Route 209 South Hurley, N.Y. 12443**
- Race #3 July 20 John A. Coleman Catholic High School - 430 Hurley Ave., Hurley, NY 12443**
- Race #4 July 27 Williams Lake - Binnewater Road Rosendale, N.Y. 12472 ORC Grand Prix**
- Race #5 August 3 Twin Lakes – 198 Walton Lane, Hurley, N.Y. 12443**

DISTANCE GRADUATING WEEKLY FROM 3 TO 5 MILES

Entry Fees: \$10.00 For youth 14 years of age & under. Includes ALL Races
\$25.00 All other ages. Includes ALL Races

Please make checks payable to: ICCHV

Mail Registration form and check to:

ICCHV PO Box 1235, Kingston, NY 12402

This event is being hosted in conjunction with our partner organization

Organized By: Irish Cultural Center Hudson Valley www.icchv.org

Race Director: Bob Carey: (914)-906-1165 rcarey@careyconst.com



Name (First / Last) _____

Address: #, Street Name, City, State, Zip _____

Gender: Female Male Age: _____

E-mail: _____

I hereby give my consent for my child or myself to participate in the Kingston X-Country Summer Series. I understand that there is a risk of injury to my child or myself as a participant in the Kingston X-Country Summer Series, and I hereby assume the risk of my child's or my participation in such activity. In consideration of myself or my child's acceptance in the Kingston X-Country Summer Series, and to the extent permitted by law, I hereby agree to release and hold harmless Twin Lakes, Binnewater Realty Corp., Ulster County Construction Corp., Hudson River Valley Resorts LLC, Williams Lake, Irish Cultural Center Hudson Valley Inc., John A. Coleman Catholic High School, the Catholic Youth Organization and affiliates, and their respective trustees, directors, officers, employees, servants, and volunteers from any and all responsibility, liability, claims, and/or demands arising out of my or my child's participation, specifically including any injury that may occur due to their negligence. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the Race Officials to secure and administer treatment, including hospitalization, for all of the above named persons. I also understand and agree to abide by any restrictions placed on me or my child's participation in the Kingston X-Country Summer Series activities, and that I and/or my child will be dismissed from the program if we fail to abide by the program rules.

Signature of Participant _____ **Date:** _____

Signature of Parent or Legal Guardian _____ **Date:** _____

(for participants under 18)