



# Kingston X-Country Summer Series



<b>Race Day Registration: 6:00 PM-6:45 PM Kids Race: 6:45 PM 14 &amp; under Race: 7:00 PM</b>	
<b>Race #1</b>	<b>July 10 Twin Lakes – 198 Walton Lane Hurley, N.Y. 12443</b>
<b>Race #2</b>	<b>July 17 Hurley Rail Trail - Route 209 South Hurley, N.Y. 12443</b>
<b>Race #3</b>	<b>July 24 John A. Coleman Catholic High School 430 Hurley Ave. Hurley, 12443</b>
<b>Race #4</b>	<b>July 31 Williams Lake - Binnewater Road Rosendale, N.Y. 12472</b>
<b>Race #5</b>	<b>August 7 Williams Lake - Binnewater Road Rosendale, N.Y. 12472</b>
<b>Race #6</b>	<b>August 14 ICC HV - 32 Abeel St., Kingston, NY 12402</b>

DISTANCE GRADUATING WEEKLY FROM 3 TO 5 MILES

**Entry Fee: \$5.00 Youth 14 years of age & under Includes ALL Races**  
**\$20.00 All Others Includes ALL Races**

Please make checks payable to: I.C.C. H.V.

Pre Race Registration: mail to ICC PO Box 1235, Kingston, NY 12402

<b>Supported By:</b>	<b>Irish Cultural Center Hudson Valley, and Ulster County C.Y.O.</b>
<b>Race Director:</b>	<b>Bob Carey 845-331-8992 rcarey@careyconst.com</b>
<b>C.Y.O. Director:</b>	<b>Tom Kelly 845-340-9170 X-4 thomas.kelly@archny.org</b>

**Name: First Last**

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**Address: # St., City, State, Zip**

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**Gender:**

**Female:**

**Male:**

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**Age:**

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**E-mail:**

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**Authorization to Participate:**

**Print Name of Participant:**

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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, its parents 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 my 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.

Print Name of Applicant or Parent/Guardian if under 18

Signature of Applicant or Parent/Guardian if under 18

Date: