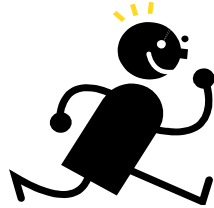


**THE CHILDREN'S HOME OF KINGSTON PRESENTS THE 5th ANNUAL**

**CHK 4K**



**WEDNESDAY, JUNE 29, 2016**

**RACE STARTS AT 6 P.M.**

**RACE ROUTE STARTS AND FINISHES AT CHK CAMPUS**

**ENTRY FEES: \$20 FOR ADULTS 18 AND OVER; \$18 FOR ORC CLUB MEMBERS AND STUDENTS UNDER 18; \$25 FOR ALL ON RACE DAY**

**RACE-DAY REGISTRATION BEGINS AT 4:30 P.M.; FREE KIDS 1K RUN (12 AND UNDER) AT 5:30 P.M.**

**AWARDS FOR TOP THREE FINISHERS IN SEVEN AGE-GROUP CATEGORIES, MALE AND FEMALE**

**Mail entry form below and check payable to: The Children's Home of Kingston, 26 Grove St., Kingston, N.Y. 12401**

**Questions? Call (845) 331-1448 or visit online at [chkkingston.org](http://chkkingston.org)**

**All proceeds benefit programs at the Children's Home of Kingston**

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**CHK 4K -Wednesday, June 29, 2016**

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**Name** **Age** **Male/Female (M/F)**

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**Street address** **City** **State** **ZIP Code**

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**Telephone number** **E-mail Address**

**T-shirt size (circle one):** **Adult S** **Adult M** **Adult L** **Adult XL**

**An additional donation of \$\_\_\_\_\_ to benefit the Children's Home of Kingston.**

**This is a legal document. Read carefully before signing:** I realize that the event is physically strenuous, that there may be some adverse weather, and that there may be some vehicles on the course. I nevertheless wish to compete and assume the risk of any injury at the start or on the course. I do hereby release and discharge The Children's Home of Kingston, the City of Kingston, members of the race committee, volunteers, all sponsors, and anyone involved in the race from any liability arising from illness, injury and damages I may suffer as a result of my participation in this event. I hereby attest that I am physically fit, and sufficiently trained for competition in this event.

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**Signature**

**Signature of guardian (if under 18)**

**Date**