**MOUNTAIN VIEW ASSOCIATION 5K FUN WALK/RUN August 9, 2025**

**Printable/Mailable Registration Form**

**Cost: $25.00: Per registration rec’d by July 20, 2025 deadline. (Shirts included ONLY with early registration)**

**$30.00: Per registration July 21- August 9 (No shirt!)**

**(Children 12 and under FREE with registered parent; no shirt with child reg, registration form for child required.)**

**Please mail this completed form registration information, with shirt size, signed release of liability waiver and appropriate payment made payable to the Mountain View Association for each participant to:**

**Lynn Ann Hinds McCoy 15 Yong St. Cortland, NY 13045**

**Please note 5K Fun Walk/Run on the Memo portion of the check.**

**Registrant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adult T-shirt Size: (Circle one): S M L XL XXL XXXL**

**Shirts will be available at the boat launch area on Friday, August 8th from 4-6pm or the morning of the 5K.**

**\*\*\*\*\*Wear your shirt to the Potluck to be entered into a drawing for a prize! \*\*\*\*\***

**Questions? Email Lynn Ann at** [**lynnannhinds@gmail.com**](mailto:lynnannhinds@gmail.com)

**RELEASE OF LIABILITY FOR THE MOUNTAIN VIEW ASSOCIATION 5K FUN WALK/RUN**

**August 9, 2025**

In consideration of accepting this 5K Fun Run/Walk registration; I, the below signed, intending to be legally bound for myself, my heirs, my executors and administrators, waive and release any and all rights and claims for damages I may have against the Mountain View Association, the race and its representatives, successors and assigns for any and all injuries suffered by me in said event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any record of this event in which I may appear for any legitimate purposes, including advertising and promotion.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Parent (if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_