



**1 Mile Road Race**  
**Saturday, May 18th**  
**10:00am**  
**Route 9 Downtown Malta**  
Malta Armed Forces Day Parade to Follow  
**Free T-shirt to the first 200 registrants**  
Presented by the Roundabout Runners Club & The Town of Malta



DEPARTMENT OF PARKS,  
RECREATION & HUMAN SERVICES

Pre-Registration: \$20    Day of Registration: \$25    Register Online: [www.RunSignUp.com/Race/NY/Malta/MaltaMile](http://www.RunSignUp.com/Race/NY/Malta/MaltaMile)

Bib Pick-Up & Day of Registration: Malta Town Hall, 2540 Route 9, Malta, NY

**Participant Registration Form**

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

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Race Day \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

**PARTICIPATION WAIVER**

I, the undersigned, hereby waive and release any and all rights I, my heirs and assigns may have against Roundabout Runners Club, The Town of Malta, and all representatives, employees and volunteers and all sponsors for injury (including death) and loss / damages, which I may have arising out of the event, both present and future claims and liabilities of any kind, known or unknown, arising out of my participation in this event or related activity, even though such claim or liability may arise out of negligence or fault on the part of any of the foregoing persons or entities.

I attest and verify that I will participate in this event as a foot race entrant and that I have sufficiently trained and that my physical condition has been verified by a licensed medical doctor.

I grant full permission to any and all of the foregoing to use any photographs, videotapes, recordings, or any other records of me at this event for any purpose whatsoever.

If for a minor child or ward, the undersigned acknowledges I am a parent or guardian of the minor child or ward, and on behalf of myself and the child or ward grant the above waiver and release, and permission and make the attestation and verification.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

To register by mail: Make checks payable to **ROUNDABOUT RUNNERS CLUB**  
Mail to: MaltaMile, 7 Bellflower Road Malta, NY 12020  
Questions or Comments: [abenway@malta-town.org](mailto:abenway@malta-town.org) or 518-899-4411