



# 2017 Courage Run/Walk

## Benefitting Laura's Gifts



**Sunday,  
October 15, 2017  
YMCA Camp Northpoint**

**249 North Greece Road Hilton**

**Laura (Gioseffi) Frazier**

March 7, 1969 – May 22, 2011

Laura battled breast cancer for 2 years.

She was a faith filled, compassionate woman who always put the needs of others before hers. It is in her memory that we have established **Laura's Gifts**.

### Liability Waiver

I certify that I am physically fit, have sufficiently trained for participation in this event and have not been advised otherwise by a qualified medical person. I acknowledge that running a road race is potentially a hazardous activity. I assume all risks associated with running/walking in this event. The risks include, but are not limited to, those caused by terrain, water conditions, weather, actions of participants, volunteers, spectators, and/or producers of this event and lack of hydration. I hereby assume the risks of participating in the Courage Run/Walk. Hereby take action for myself, my executors, administrators, heirs and next of kin, successors and assigns as follows: a) release and discharge from any and all liability, damage, property theft or actions of any participation in this event or my traveling to this event, Laura's Gifts, the Town of Greece, Northwest Family YMCA of Greater Rochester, all Sponsors, event directors, volunteers and all municipalities in which the event is conducted. b) indemnify and hold harmless the persons or entities mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during the Courage Run/Walk events and in any other activities connected with it in which I may participate. I understand that no roller blades, bicycles, iPods, music players or dogs are allowed in the Courage Run/Walk. I also give full permission for use of my name and photograph in connection with this event. I understand that all entry fees are non-refundable.



# Registration and Information

The **Courage Run and Family Walk** are open to all ages. The 5K course is certified accurate by the USA Track and Field/Road Running Technical Council.

**When:**

- Sunday, October 15, 2017
- 8:00AM Event-day registration
- 9:00AM 5K Race start
- 9:01AM 5K Walk start
- 9:02AM 1 mile family walk

**Where:**

- YMCA Camp Northpoint
- 249 North Greece Rd
- Hilton, NY 14468

**Prizes:**

- \$150 to overall winners (male & female).

**Cost:**

- \$25 Pre-Registration fee
- \$20 for 16 and under
- Fees are waived for those raising more than \$50 in pledges.

**Registration/Package Pickup:**

- Pre-Register online at [laurasgifts.org](http://laurasgifts.org)
- Day of race registration begins at 8AM YMCA Camp Northpoint \$30
- \$40 family registration the day of the event.
- Form below must be filled out and signed by participant.

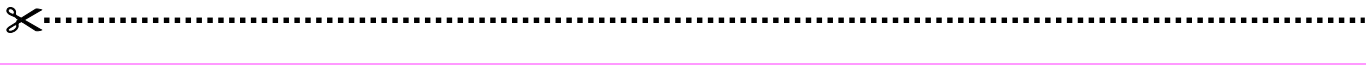
*T-Shirts to first 150 entrants.*

Proceeds raised from the Courage Run will be used to provide support during the holidays to families that are coping with the emotional, spiritual, and financial pains of breast cancer. **Laura's Gifts** hope is that this small act will provide comfort and peace during the holiday season and have Laura's memory continue in the hearts of all those that she touched.

## Pledge Sheet

Ask your friends, neighbors, relatives, co-workers and others to sponsor you. Complete the form below and collect pledge money when pledges are made. Checks must be made payable to Laura's Gifts.

Sponsor Name	Full Address	Payment	Donation Amount
_____	_____	<input type="checkbox"/> Cash <input type="checkbox"/> Check#	\$ _____
_____	_____	<input type="checkbox"/> Cash <input type="checkbox"/> Check#	\$ _____
_____	_____	<input type="checkbox"/> Cash <input type="checkbox"/> Check#	\$ _____
_____	_____	<input type="checkbox"/> Cash <input type="checkbox"/> Check#	\$ _____
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_____	_____	<input type="checkbox"/> Cash <input type="checkbox"/> Check#	\$ _____
_____	_____	<input type="checkbox"/> Cash <input type="checkbox"/> Check#	\$ _____



**I have read and fully understand the liability waiver on the reverse side (Parent Signature required if under 18).**  
 Signature \_\_\_\_\_

- 5K Runner
- Female
- I am unable to participate, but please accept my donation of \$ \_\_\_\_\_
- Walker 5K or 1 mile
- Male

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Age on Oct 13, 2013 \_\_\_\_\_ Are you a breast cancer survivor?  Yes  No

- Cash
  - Check
  - Money Order
- Please make checks payable to Laura's Gifts***

