

ALBANY COUNTY BAR ASSOCIATION
**18TH ANNUAL LAW DAY 5K RUN/WALK
AGAINST DOMESTIC VIOLENCE**

THURSDAY, APRIL 26, 2012
Kids Run (1 mile; 1/4 mile) At 5:30 P.M.
5K Run/Walk At 6:15 P.M.

COURSE: Washington Park - Start and Finish (Near Boat House), Madison Avenue Entrance

5K RACE AWARDS: Awards will be given to the top male and female finishers, and to the first place finishers in each age division. No duplication of awards. Awards will also be given in the wheelchair division.

5 K AGE DIVISIONS: 12 - 19 years 20 - 29 years
30 - 39 years 40 - 44 years
45 - 49 years 50 - 54 years
55 - 59 years 60 + years
Wheelchair Division

KIDS RUN: All kids will receive a ribbon

RAFFLE: Raffle Tickets will be available day of.

T-SHIRT CONTEST

Put together a team and create a team t-shirt! Winning t-shirts will be selected for Most Creative! Submit your t-shirt to the ACBA by April 19, 2012 for consideration. Winners will be announced on Race Day

ENTRY FEE: \$25.00 postmarked on or before April 19, 2012; \$30.00 after and day of race
Students and children (19 yrs. or under) \$15.00 postmarked on or before April 19:\$20.00 after and day of race.
\$2 for Kids Run
MUST BE POSTMARKED ON OR BEFORE APRIL 19, 2012.

T-SHIRTS TO THE FIRST 200 REGISTERED PARTICIPANTS!
Refreshments immediately following the Race!

DAY OF RACE REGISTRATION: 4:15 - 5:30 P.M.

Please make checks payable to **Run Against Domestic Violence**, mail to: Albany County Bar Association, The Stedman House, 1 Lodge Street, 2nd fl., Albany, NY 12207. Please contact Barbara at (518) 445 – 7691 with any questions.

----- **DETACH AND SEND WITH PAYMENT** -----

NAME (please print) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (day) _____ (evening) _____

AGE _____ DATE OF BIRTH _____ SEX (circle one): M F

Please % your race selection: **5K** **Wheelchair** **Walker** **Kids Run (11 years old and under)**

WAIVER: Please sign below

In consideration of my entry to this race, I hereby release and waive any and all claims for damages I may have against The Albany County Bar Association, City of Albany, and any and all sponsors and their representatives and any official or participant for any and all injuries I may suffer in connection with this race of the Albany County Bar Association. I also certify that I am in good physical condition and have trained for this race. Further, I hereby grant all permission to any and all of the foregoing to use any photographs, videotapes, motion pictures, recordings or any other record of this event for any purpose.

Parking available in the Albany Medical Center Parking lot

Signature _____ Date _____

Parent or Guardian (if under 18) _____

I will not be able to attend, however enclosed please find my donation of \$ _____