

**The Commodore John Barry Division #1  
Ancient Order of Hibernians**

**The Harp & Shamrock 5K run**

**Sunday March 21, 2004**

**START:** *Skidmore College Athletic Center  
Saratoga Springs NY*  
**COURSE:** *3.1 Miles, Through college campus and residential streets  
Finishing on 400 meter all weather track*  
**STARTING TIME:** *10am*  
**AWARDS:** *1st, 2nd, 3rd overall Men's and Women's  
1st, 2nd, 3rd age divisions ( no duplicate winners)*  
**T-SHIRTS:** *First 300 entrants will receive a short sleeve t-shirt*  
**ENTRY FEE:** *\$15.00 before March 21, 2002( non refundable )  
\$20.00 day of the race( non refundable )*  
**PACKET PICK UP:** *Day of the race starting at 8:30am*

**Race Sanctioned by the USA Track & Field**



**The Green Mile 9:30 am** Kids 1 mile run. Day of race registration only \$2

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application/entry form

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY/STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SEX**  F  M **T-SHIRT SIZE**  M  L  XL

**DATE OF BIRTH** \_\_\_\_/\_\_\_\_/\_\_\_\_

**circle one** 14 & under 15-19 20-29 30-39 40-49 50-59 60-69 70+ \_\_\_\_\_ **GREEN MILE RUN**

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I agree not to wear a headphone during this event. I assume all risks associated with running in this event including, but not limited to, falls, contact with other participants, the effects of the weather including high heat and humidity, traffic and the conditions of the road, all such risks are being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Commodore John Barry Division 1 Ancient order of Hibernians of America and the City of Saratoga Springs, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event.

\_\_\_\_\_  
**signature**

\_\_\_\_\_  
**Parent/guardian signature** (if under 18)

PLEASE SEND APPLICATION AND ENTRY FEE TO: Ancient Order of Hibernians Box 205 Saratoga Springs NY