

FIFTH ANNUAL RYERSS FARM

RUN FOR THE HORSES



10K Run, 5K Run and 1 Mile Walk

The mission of Ryerss Farm for Aged Equines is to provide lifelong care and shelter for abused aged equines.

EVENT DESCRIPTION - A RUN FOR THE HORSES!

Light refreshments and food after the races!

Date: Saturday, April 22, 2017

Place: The race will be run over a cross country course at Ryerss Farm

Time: Race will begin at 1:00 pm sharp. Rain or Shine

Race-day Registration: 12:00 noon

Starting Location: Ryerss Farm for Aged Equines, 1710 Ridge Road, Pottstown, PA 19465

Entry Fees: Pre-registration (before April 14, 2017) \$25.00
Race day registration \$30.00

Age Groups: 12 and under, 13-19, 20-29, 30-39, 40-49, 50-59, 60 and over

T-shirts: FREE Ryerss Run T-shirts will be given to those who pre-register for the race

For additional information: See our website www.ryerssfarm.org

To enter: Go to www.ryerssfarm.org and download entry form or enter online at www.runtheday.com



REGISTRATION FORM

(Please detach and return one form per person)

Ryerss 10K Run, 5K Run and 1 Mile Walk

Please register me for: 10k Run _____ 5K Run _____ 1 Mile Walk _____

First & Last Name _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Gender: Male _____ Female _____ Age _____

T-Shirt Size (*adult only*): Small _____ Medium _____ Large _____ X Large _____ 2XL _____

Entry Fee

Pre-registration (by April 14, 2017) \$25.00

Race Day Registration \$30.00

12 Years and under (no t-shirt) N/C

Total enclosed \$ _____

Please make check payable to: Ryerss Farm

Drop off or mail to:

Ryerss Farm for Aged Equines

1710 Ridge Road

Pottstown, PA 19465

(610)469-0533

Enter online at: www.runtheday.com

In consideration of you permitting me to participate in this event on behalf of me, my heirs, executors, administrators successors and assigns, I hereby waive and release rights and claims for damages which I may have against Ryerss Farm or it assigns, as well as those of anyone connected with the event, their heirs, executors, administrators successors and assigns, for any and all injuries or illness that I may suffer as a result of taking part in this event. I grant permission to use my name or any audio or visual recording for any lawful purpose.

Signature

Date

Signature of parent/guardian of under age 18