

ALBANY COUNTY BAR ASSOCIATION  
**14<sup>TH</sup> ANNUAL LAW DAY 5K RUN/WALK**  
**AGAINST DOMESTIC VIOLENCE**  
**FRIDAY, APRIL 25, 2008**  
**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

**RACE AWARDS:** Awards will be given to the top male and female finishers, and to the first & second 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	40 - 44 years	55 - 59 years
20 - 29 years	45 - 49 years	60 + years
30 - 39 years	50 - 54 years	Wheelchair Division

**HEAVYWEIGHT T-SHIRTS TO THE FIRST 200 REGISTERED PARTICIPANTS**  
**Raffle and Refreshments Immediately Following Race**

**Kids Run:** All kids will receive a ribbon

**ENTRY FEE:** \$15.00 postmarked on or before April 21, 2008; \$20.00 after and day of race  
 Law Students and children (19 yrs. or under) \$10.00 postmarked on or before April 21: \$15.00 after and day of race.  
**\$2 for Kids Run**  
**MUST BE POSTMARKED ON OR BEFORE APRIL 21, 2008**

**DONATIONS:** Bring your old cell phones and chargers to benefit the victims of domestic violence

**RAFFLE:** Raffle Tickets sold before and after the race.  
 (All pre-registered runners will also automatically be entered in the drawing for door prizes).

**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, 2<sup>nd</sup> 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 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 \$ \_\_\_\_\_*