

FAM 5K "Fund" Run/Walk Application Form
Please fill out one per participant & send with your
check payable to: **FAM "Fund" Run/Walk**
PO Box 399, Cobleskill, NY 12043

First Name _____

Last Name _____

Age _____ DOB _____ Sex _____

Address _____

City _____ State _____ ZIP _____

Phone _____

E-Mail _____

REGISTRATION FEE ENCLOSED \$ _____

T-Shirt Size (please select one):

ADULT: S M L XL CHILD: S M L

RELEASE: In consideration of your accepting this entry: I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against Fenimore Asset Management, Inc., Fenimore Asset Management Trust, FAM Value Fund, FAM Equity-Income Fund, FAM Small Cap Fund, FAM Shareholder Services, Inc., the USATF Adirondack Association, Inc., the Village of Cobleskill, State University of New York at Cobleskill, their representatives, successors and assigns for any and all injuries suffered by me in said events. I hereby consent to the use of my name, photograph, and/or likeness in connection with my participation in the FAM 5K "Fund" Run/Walk. Also, for the safety of all, no dogs are allowed on the course.

Signature _____

Parent/Guardian (if under 18) _____

