

ENTRY FORM October 19, 2025

(Pre-Registration Only: Please fill out one form per participant)

Register online at <https://runsignup.com/Race/NY/Wellsville/Ridgewalkandrun>



Name: _____

Address: _____

E-mail: _____

Phone (required): _____

M/F _____ Race Day Age _____ T-Shirt Size (for first 700 registrations): _____ (S, M, L, XL, XXL)

25K Trail Run or Walk

_____ Ages 6-18: Postmarked by 9/21/25 \$25; after \$30 \$ _____

_____ Ages 19+: Postmarked by 9/21/25 \$40; after \$45 \$ _____

10K Trail Run

_____ Ages 6-18: Postmarked by 9/21/25 \$25; after \$30 \$ _____

_____ Ages 19+: Postmarked by 9/21/25 \$35; after \$40 \$ _____

5K Trail Run

_____ Ages 6-18: Postmarked by 9/21/25 \$25; after \$30 \$ _____

_____ Ages 19+: Postmarked by 9/21/25 \$30; after \$35 \$ _____

Check one:

_____ 2 Mile Trail Walk _____ 2 Mile Road Walk

_____ 6 Mile Trail Walk _____ 9 Mile Trail Walk

_____ Ages 5 and Under: Free!! (Event shirt cannot be provided) \$ 0.00

_____ Ages 6-15: Postmarked by 9/21/25 \$15; after \$20 \$ _____

_____ Ages 16-64: Postmarked by 9/21/25 \$30; after \$35 \$ _____

_____ Ages 65+: Postmarked by 9/21/25 \$25; after \$30 \$ _____

RidgeWalk & Run Home Edition—Virtual (all distances):

_____ Ages 6-15: Postmarked by 9/21/25 \$25; after \$30 \$ _____

_____ Ages 16+: Postmarked by 9/21/25 \$30; after \$35 \$ _____

Total \$ _____

Where did you hear about RidgeWalk & Run? _____

How many years have you participated in RidgeWalk & Run? _____

Waiver: In consideration of accepting entry for any of these events, I hereby for myself, my heirs and executors, waive and release any and all claims that I may have against any and all persons and organizations affiliated with this event including, but not limited to: Jones Memorial Hospital, County of Allegany, Town of Wellsville, Village of Wellsville, Towns of Willing and Alma and all sponsors, volunteers, and private landowners. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I further attest that I am physically fit and have trained sufficiently for the event chosen. I understand that this is a rain or shine event and the entry fee is non-refundable and non-transferable. I hereby grant full permission to any and all of the above parties to use any photographs, videotapes, motion pictures, website images, recordings or any other record of this event.

Signature of Participant: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

(If participant is under 18 years of age)

Return registration form and check made payable to: Jones Memorial Hospital
Attn: RidgeWalk
191 North Main Street
Wellsville, New York 14895