In Memory Of… 5k Run/Walk

Team Registration and Liability Waiver Form

*Proceeds Benefit the American Brain Tumor Association*

***Blue Spruce Park, 1128 Blue Spruce Road, Indiana, PA 15701  
Race Starts 9:00 A.M. May 21, 2016 Rain or Shine!!***

|  |  |
| --- | --- |
| Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Age on race day\_\_\_\_\_\_ Male / Female | Participation: Run / Walk \*Timing will not be provided to walkers\*  ***\*\*\*Pre-Registered Participants are  guaranteed Event T-Shirt\*\*\****  **Shirt Size: S M L XL**  ***Registration ends on May 21, 2016 at 8:45 AM or once registration reaches 250 cap*** |

Team Registration Fees (nonrefundable)

\_\_\_\_\_\_ $17 **before** May 1, 2016 (all ages/per person)

\_\_\_\_\_\_ $22 **after** May 1, 2016 (all ages/per person)

***\*\*Teams must include 5 or more people\*\****

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Name

RELEASE OF LIABILITY

I understand that a run/walk event is a potentially hazardous activity. I represent that, to my knowledge, I am physically capable to participate in this event. I assume all risks associated with this event including, but not limited to, heat exhaustion, falls, contact with other participants, unpredicted weather, traffic conditions, etc., all such risks being known and recognized by me. I hereby agree, to waive, release and discharge the “In Memory Of…” organization and its directors, officers, volunteers, any and all sponsors, suppliers and any other personnel assisting or connected to this event, any rights, claims, or demands which I may have or accrue to me arising out of injury to my person or property incurred in connection with participating in this 5k run/walk event held May 21, 2016.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signature of Participant (printed name of minor, if applicable) Date

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Parent Signature (if participant is under 18) Date