

## KRISTIN'S KRUSADE 5K RUN/WALK

Saturday, April 8, 2017 Check in time: 8:30-9:30am / Race: 10am

**Race Purpose:** Raise funds to create grants for agencies in Philadelphia and Baltimore working to educate about dating violence on college campuses. Location: Saint Joseph's University, 5600 City Avenue Philadelphia, PA 19131 Awards to top 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Place Finishers in both Female and Male Awards: Prices: \$20 Registration for Runners (and Walkers) / \$10 Registration for Students with ID **Entry: Amenities:** Official Kristin's Krusade 2017 T shirt (limited supply) – plus refreshments, prizes, etc. **Questions:** Email: kristinskrusade@gmail.com Mission: The mission of the Kristin Mitchell Foundation is to end the devastating effects of dating abuse by raising awareness about warning signs and preventative actions. "By indicating your acceptance, you understand, agree, warrant and covenant as follows: I know that running is a potentially hazardous activity. I should not enter or run unless I am medically able & properly trained. I also know that there will be traffic, debris, poor footing and other hazards on the course and assume the risk for running on it. I also assume any or all other risks associated with running or attending the race including but not limited to falls, contact with other participants, the affects of the weather, the conditions of the roads and getting lost, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry fee, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge the organizers of this event, all municipalities in which the all owners of properties through which the race crosses, the race committee, volunteers, the (YOUR ORGANIZATIONN HERE), all other organizations directly or indirectly associated with the race, any or all sponsors including their agents, employees, assigns or any-one acting on their behalf, or anyone else associated in any way with this race, from any or all claims or liability for death, personal injury or property damage of any kind or nature whatsoever arising out of, or in the course of, my participation in this event This waiver extends to all claims of every kind or nature whatsoever; foreseen or unforeseen, known or unknown. If under 18, Parent Guardian Signature) Signature Name: Email: Address: \_\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: Phone: \_\_\_\_\_ Gender: M F Age on Race Day: Email address: \_\_\_\_\_ Shirt Size:

Make check payable to: Kristin Mitchell Foundation

Mail payment (with this form) to: Kristin Mitchell Foundation, PO Box 2713, Bala Cynwyd, PA 19004

Or register online at http://www.brynmawrrunningco.com (click on the Events tab)