



Presents

Laurel Highlands 5k Run/Walk

Race Information:

Date: Saturday, June 7, 2025

Location: 120 Bunyan Drive, Somerset, PA 15501

Cost: \$25 for racers pre-registered before May 1st - T-shirt included
\$30 for Day of Race registrations- 8:00 AM - T shirt (only if available)

Registration methods: Checks and forms can be mailed to:
LHGC Boosters
4012 Glades Pike Road, Somerset, PA 15501

Online Registration at : www.runsignup.com **Search:** Laurel Highlands 5k

Contact: Laurel Highlands Gymnastics 814-417-1356 or lhgym2022@gmail.com

Other information:

- Course begins at LHG, Turns left onto Rt. 31 West; Turns right onto Coxes Creek Rd.; Travels 1.3 Miles to turnaround and returns
- Concessions and Restrooms available at LHG
- Part of proceeds benefit new competitive leotards for the upcoming season



Registration Form

First name: _____ Last name: _____

Date of Birth: _____ Age on race day: _____ Gender: Male Female

Email: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip: _____

Choose a race to enter: 5K Run 5K Walk

T-shirt size: YS YM YL XS S M L XL XXL

WAIVER:

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian. I know that participating in the LHGC Boosters' 5K is a potentially hazardous activity and I should not enter and participate unless I am medically able and properly trained. I acknowledge and assume any and all risks associated with this event including, but not limited to, traffic on the course route, falls, contact with other participants, and the condition of the course, including, but not limited to, curbs, cars, uneven pavement, potholes, rocks, and objects on the course surface. Knowing and appreciating these risks and in consideration of your acceptance of my entry, I hereby for myself, my heirs, representatives or anyone else claiming on my behalf, covenant not to sue, and waive, release, and discharge Laurel Highlands Gymnastics and LHGC Boosters, its volunteers, and sponsors, and anyone else acting for or on behalf the LHGC Boosters' 5K from any and all claims of liability for death, personal injury, or damage of any kind arising out of my participation in this run. This Acknowledgement of Risk and Waiver of Liability extends to all claims of every kind whatsoever. I also consent to emergency treatment in the event of injury or illness. I grant full permission to LHGC Boosters and/or any person or entity authorized by it to use my name, age, date of birth, finish place and finish time in the public domain. I further grant full permission for use of any photographs, recordings, or any other record of this event for any purpose. My signature acknowledges that I have read the above waiver and I agree and accept all terms and conditions set forth herein.

Emergency Contact Name: _____ Phone _____

In signing the Acknowledgement of Risk and Waiver Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

Signature of Participant: _____ Date: MM / DD / YYYY

Parent/guardian signature if under 18: _____ Date: MM / DD / YYYY