

Linked By ink

5KWalk/Run-1miWalk REGISTRATION FORM

LOCATION/TIME: The race will begin and end at the Gannon University Rec Center on **Saturday April 9, 2016**. Registration will begin at **7:30AM** in the Rec Center and the race will begin at **9:00am**.

AWARDS: Awards will be given to the top 3 over-all male and female in the 5K Run.

PROCEEDS: ALL proceeds will benefit the local breast cancer organization "Linked By Pink" to promote awareness about breast cancer research and treatment. The Doctorate of Physical Therapy program at Gannon University and the Sportsmedicine Student Association of Mercyhurst University are proud to form a bond to link the two rival schools together for a great cause! Please remember good sportsmanship.

Complete & send to:
Physical Therapy Department
Gannon University
109 University Square
Erie, PA 16501
Attn: Mackenzie Wilkins

Applications must be postmarked by March 18, 2016 to be guaranteed a shirt!!

_____ \$15.00 pre-registration

_____ \$20.00 → **DAY-OF-RACE ENTRY** or postmarked after March 18, 2016

*****ONLY CHECKS WILL BE ACCEPTED, NO CASH PLEASE!!!*****

MAKE CHECK PAYABLE TO: Rivals Linked By Pink

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP CODE: _____
PHONE: () _____ DATE OF BIRTH: ____/____/____
AGE: _____ SEX: _____ T-SHIRT SIZE (circle): S M L XL
Additional Contributions: \$ _____ Amount Enclosed: \$ _____

WAIVER: I know that participating in the Linked by Pink 5K run/walk- 1mi Walk and related events is a potentially hazardous activity. I agree not to enter and participate unless I am able and properly trained. I am voluntarily entering and assume all risks associated with participating in this event, including but not limited to, falls, spills, contact with vehicles, other participants, spectators or others, the effects of weather, including heat and/or humidity, or cold, traffic, and the conditions of the course or other areas of the event, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts, and in consideration of your acceptance of this application, I, for myself and anyone entitled to act on my behalf, do hereby waive and release Mercyhurst University, Gannon University, City of Erie, Erie County, Commonwealth of Pennsylvania, and any supporters, sponsors or volunteers of this event from all present and future claims and liabilities, known and unknown, arising out of my participation in this event.

I grant my permission to all of the foregoing persons and entities to use or authorize others to use any photographs, motion pictures, recordings, or any other record of my participation in the event for any legitimate purpose without remuneration.

I attest that I am physically able and sufficiently trained to participate in this event and take full responsibility of myself.

Signature: _____ Date: _____
(Parent/Guardian Signature if under age 18)