

Delaware County 4H HorseAround Trail Run



Saturday May 14, 2016
Packet pick up 8:30-9:15 AM
Race Start at 9:30 AM Sharp

Race Purpose:

Delaware County 4-H is holding a 5K Trail Race at its operating farm in Newtown Square, PA as a major fund-raising event for 2016. Proceeds will directly support youth educational programs and scholarships for attendance at statewide youth leadership events.

To directly donate to Delaware County 4H Programs & Scholarships, please visit: <https://www.gofundme.com/Delco4h>

Location:

Delaware County 4H Farm & Educational Center, 395 Bishop Hollow Rd, Newtown Square, PA 19073

Event Description:

An awesome 5-kilometer race across the extensive farmland and backwoods areas of the Delaware County 4H and the Garrett-Williamson Foundation in Newtown Square, PA. A 1-km Family Fun Run will also be offered on open ground.

Awards:

1st-Place male & female finishers overall & top 1-3 finishers in each age group
(12 and under, 13-19, 20-39, 40-59, 60 and over)

Entry:

Adult Registration for 5K trail run: \$25 before race day, and \$35.00 on race-day

Student Registration for 5K trail run: \$15.00 (up to age 19)

Adult Registration for 1K Family Fun Run: \$20 before race day, \$25 day of race

Student Registration for 1K Family Fun Run: \$10.00 (up to age 19)

Amenities:

Event T-shirt, gift-bag, refreshments, water stations, prizes, etc.

Stay for the Delaware County 4H Spring Open House, immediately following the race events. The Open House will offer food, crafts, fun, and farm-animals from 11:00AM to 4:00PM.

Race Results:

Race will be professionally timed by the Bryn Mawr Racing Co. Results to be posted at <http://www.brynmawrracing.com>

2016 Delaware County 4H HorseAround Trail Run & Family Fun Run

ACKNOWLEDGMENT OF RISK, WAIVER & RELEASE

(THIS FORM MUST BE COMPLETED BY ALL YOUTH PARTICIPANTS AGE 18 YEARS & OLDER)

I, _____ the undersigned hereby apply to participate in the 5K RUN/WALK to be conducted at The Garrett Williamson Foundation at 395 Bishop Hollow Road, Newtown Square, PA in cooperation with Penn State Extension/4-H of Delaware County and I acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my participation in the above activities and my participation in said activities and use of any equipment or other materials related to such activities may result in my injury, illness or death and damage to or loss of my personal property. I acknowledge that I am aware of the risks and dangers of participating in the 5K WALK/RUN. I understand other participants, accidents, forces of nature or other causes may cause these risk and dangers and I hereby fully acknowledge and accept these risk and dangers.

I am in good health and **I am at or above the minimum age of 18** required to participate in this activity and I am able to participate in any strenuous physical activity associated with this activity and understand it is my sole responsibility to consult with my medical provider about my participation.

I agree to and accept full responsibility for wearing appropriate clothing and footwear.

I herewith release, forever discharge and waive any right of recovery or subrogation against (Name of Committee) Committee, Penn State Extension/4-H of Delaware County, The Pennsylvania State University and The Garrett Williamson Foundation and their respective officers, directors, trustees, employees, members and volunteers from any and all liability whatsoever for any illness or injury, including death or damage to or loss of my personal property that I may sustain while I am participating in this program. This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my participation in the activity shall first be submitted to arbitration and/or be venued in the appropriate Court of jurisdiction in the State of Pennsylvania in Delaware County, and The Garrett Williamson Foundation, the choice of which shall be at the sole discretion of Penn State Extension/4-H of Delaware County.

I HAVE READ THE ABOVE AND RELATED DOCUMENTS AND BY SIGNING IT I AGREE IT IS MY INTENTION TO PARTICIPATE IN THE INDICATED 5K/1K ACTIVITY AND I UNDERSTAND AND ACCEPT ALL THE RISKS INVOLVED.

DATE OF PROGRAM: Saturday May 14, 2016

DESCRIPTION OF PROGRAM: 2016 Delaware County 4H HorseAround Trail Run & Family Fun Run

PARTICIPANT'S FULL NAME (print) _____

DATE OF BIRTH: _____

ADDRESS: _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ SIGNATURE: _____

(MUST BE COMMITTEE VOLUNTEER)

This form must be kept on file for seven (7) years from date of program.

2016 Delaware County 4H HorseAround Trail Run & Family Fun Run

ACKNOWLEDGMENT OF RISK, WAIVER & RELEASE

(THIS FORM MUST BE COMPLETED BY ALL ADULT PARTICIPANTS UNDER THE AGE OF 18 YEARS)

I hereby apply for my child to participate in the 5K RUN/WALK to be conducted at The Garrett Williamson Foundation at 395 Bishop Hollow Road, Newtown Square, PA in cooperation with Penn State Extension/4-H of Delaware County and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the 5K RUN/WALK to be conducted at The Garrett Williamson Foundation in cooperation with Penn State Extension/4-H of Delaware County and my child's participation in said activity or activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property.

I understand other participants, accidents, forces of nature or other causes may cause these risk and dangers and I hereby accept these risk and dangers. I agree to and accept full responsibility for wearing appropriate clothing and footwear.

My child is in good health and is at or above the minimum age of _____ required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

I herewith release, forever discharge and waive any right of recovery or subrogation against (Name of Committee) Committee, Penn State Extension/4-H of Delaware County, The Pennsylvania State University, and The Garrett Williamson Foundation and their respective officers, directors, trustees, employees, members and volunteers, from any and all liability whatsoever for any illness or injury, including death or damage to or loss of my personal property that I may sustain while I am participating in this program. This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my participation in the activity shall first be submitted to arbitration and/or be venued in the **appropriate Court of jurisdiction in the State of Pennsylvania in Delaware County, the choice of which shall be at the sole discretion of Penn State Extension/4-H of Delaware County and The Garrett Williamson Foundation.**

I have read the above and by signing it I agree it is my intention to have my child participate in the indicated activity and I understand and accept the risks involved.

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I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.

PARTICIPANT'S FULL NAME (print) _____

DATE OF BIRTH: _____

ADDRESS: _____

PARENT GUARDIAN NAME (print): _____

SIGNATURE: _____ DATE: _____
(MUST BE COMMITTEE VOLUNTEER)

This form must be kept on file until the participant reaches age 21.