

## MOTHER'S DAY 5K REGISTRATION FORM

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Walker \_\_\_\_\_ Runner \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_

Shirt Size \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Tel. #: \_\_\_\_\_

**Please read and sign the disclaimer below.**

### Race Agreement

By signing below, you understand and agree to the following:

I know that running/walking a race is a potentially hazardous activity. I should not enter and participate unless I am medically able. I assume all risks associated with participating in this event including but not limited to falls, contact with other participants, the effect of weather (including wind, rain, and snow), traffic, and conditions of the road, in consideration of your accepting my entry. I for myself and anyone entitled to act on my behalf, waive, release, discharge, covenant not to sue, indemnify and hold harmless the race organizers, the Jersey Shore Area School District, The Borough of Jersey Shore and all sponsors, officials, and volunteers from and against all actions, suits, liabilities, claims, demands, costs (including legal fees and expenses) or damages arising out of my participation in this event, whether the result of negligence of any of the forgoing parties or otherwise. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature: \_\_\_\_\_

Signature of parent/guardian if under 18: \_\_\_\_\_

**Please mail registration to Jersey Shore Cross Country 5k**

**141 Dewitt Street, Jersey Shore, PA 17740**

**Or deliver forms and \$ to any Jersey Shore School**

**Questions can be sent via e-mail to Mindy Gunn at [mindyaro94@yahoo.com](mailto:mindyaro94@yahoo.com) or text at 570-772-7783.**