

# 2019 Crush Cancer Color 5K

DATE: June 1, 2019

LOCATION: Wyoming County Fairgrounds, Meshoppen, PA 18630

ENTRY FEE: Early Bird – \$30; After May 1<sup>st</sup> – \$35 \*\*Registration includes race bib, participant packet & 1 color packet!\*\*  
Kids UNDER 5 years old FREE – Please contact Emily for details.

**PACKET PICK-UP & RACE DAY REGISTRATION BEGINS AT 8:00 A.M.**  
**RACE BEGINS AT 9:30 A.M.**

**CONTACT INFORMATION:**

Emily Hoffman  
(570)721-1252  
[crushcancer5k@gmail.com](mailto:crushcancer5k@gmail.com)

**Please Mail Registration & Payment to:**

Crush Cancer Color 5k  
2202 Underhill Road  
Laceyville, PA 18623

PLEASE RETURN THE BOTTOM OF THIS FORM WITH YOUR PAYMENT.

**PARTICIPANT INFORMATION:**

Full Name: \_\_\_\_\_ Male/Female

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Race Day: \_\_\_\_\_ Shirt Size (Adult): S – M – L – XL – XXL

Emergency Contact Name/Phone #: \_\_\_\_\_

How did you hear about the event? \_\_\_\_\_

**Waiver & Release:** I know that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to, falls, contact with other participants, the effects of weather, traffic and the condition of the road, all such risks being known and appreciated by me. Knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Relay for Life, Wyoming County Fairgrounds, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. In consideration of your accepting this entry, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have, or that might accrue against Relay for Life, Wyoming County Fairgrounds, and their agencies, officers, volunteers, and employees, for any and all injuries suffered by me in said event.

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

Parent/Guardian Signature (for participants under 18 years old): \_\_\_\_\_

**COMPLETE REGISTRATION:**

REGISTRATION FEE: (choose one)

EARLY BIRD (BEFORE APRIL 30<sup>TH</sup>) --- \$30.00 = \$ \_\_\_\_\_

AFTER MAY 1<sup>ST</sup>/RACE DAY --- \$ 35.00 = \$ \_\_\_\_\_

Additional Color Packet: (optional)

\$5.00 each x [QUANTITY] \_\_\_\_\_ = \$ \_\_\_\_\_

Additional Donation: (optional)

American Cancer Society = \$ \_\_\_\_\_

Jill Hoffman Memorial Scholarship = \$ \_\_\_\_\_

**TOTAL DUE: \$ \_\_\_\_\_**