



East Snyder Park, Selinsgrove PA

Sunday, November 7, 2021 - 11:00AM

5k Run/Walk and All-Abilities Roll & Stroll

WALK, RUN, OR ROLL IN A WHEELCHAIR

Registration at 9:15 AM (Rain or Shine)

Proceeds will benefit EOS Therapeutic Horseback Riding Center

Participant Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Gender M F Email _____

Birth date ____/____/____ Phone _____

Shirt Size: ADULT S M L XL 2XL (\$3 extra) YOUTH M L

To order additional shirts please indicate style, size, and # of each above (\$12)

*T-shirts guaranteed for those who register by October 31. Late registration and day-of registration will get t-shirts on a first come, first served basis.

I am registering for the Tiara Trot for Joy as a:

- 5K Race Participant - \$30 by Nov. 1, \$35 after Nov. 1 and day-of
 Roll & Stroll Participant - \$20 by Nov. 1, \$25 after Nov. 1 and day-of
 Special Needs Participant - FREE with participating sponsor
*Caregivers with special needs participants must remain on site.

Send completed registration forms and fees to:
Joy Martz Memorial - Tiara Trot
P.O. Box 511
Herndon, PA 17830
Checks payable to Joy Martz Memorial

NO PETS ALLOWED, SERVICE ANIMALS ONLY. STROLLERS ARE ALLOWED.

LIABILITY WAIVER

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignup.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. 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 course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Signature _____ Date _____