

Saturday Nov. 30, 2019 Columbia Fire Co., Shenandoah, Walk 9:30 | Run 10:00 \$20 until 11/15 | \$25 11/16-11/29 | \$30 Day Of

First Name:			
Last Name:			
Address:			
City:	State:	Zip:	
Gender:	Age on Race Day:		
Email:			
Phone:			
Emergency Contac	et:		
Phone Number:			
my executors and a the race, and spons said event. I attest to the completion of the	dministrators, waive and release and ors and their representatives, succes hat I will participate in this event as a is event. Furthermore, I hereby grant	I any all rights and one of the sors and assigns for footrace, that I ame of the full permission to use of the sort and th	o be legally bound, for myself, my heirs, claims for damages I may have against or any and all injuries suffered by me in physically fit and sufficiently trained for use my name and likeliness, as well as legitimate purpose, including advertising
		DATE	I_J
Signature of Partic	inant or Parent or Guardian if und	or 18	

Please send registration forms to:
Shenandoah Valley High School
ATTN: Mr. Kevin Keating
805 W. Centre St.
Shenandoah, PA 17976
Checks payable to Shenandoah Valley Mini Thon