



# C.H.O.P. OUT HUNGER 5K WALK/RUN

05.16.2020 | 9 AM Sign Up | 10 AM Race

## Registration Fees

\$15 Youth

\$20 Adult

\$150 Team (minimum of 10 runners)

## STUFF the BUS

donate food to fill the CHOP party bus

## T-Shirt Guarantee Deadline

May 6th, 2020

## Race Day Prices:

\$25 Individual | \$200 Team

Come Walk/Run through the COLOR  
&  
CHOP OutHunger

<https://falconracetiming.com/event/chop-out-hunger-5k-towanda-pa/>

## CHOP OUT HUNGER 5K REGISTRATION/WAIVER FORM

Make checks payable to CHOP. Submit forms to: 2 Elizabeth Street Towanda, PA 18848

Email Contact: [jwbellows@frontiernet.net](mailto:jwbellows@frontiernet.net)

Name: \_\_\_\_\_

Race Day Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

T-Shirt Size: **(check one)**

☐ Youth S ☐ Youth M ☐ Youth L ☐ Adult Small ☐ Adult Medium ☐ Adult Large ☐ Adult X-Large

### Please read and sign below:

In consideration of you accepting this entry, I, the undersigned intend to be legally bound for myself, my heirs, executors and administrators, & waive and release any and all rights and claims for damages I may have against the organizers of this event, Child Hunger Outreach Partners, Towanda Borough and it's property owners on whose land this event is held, and any and all sponsors and their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest and verify that I will participate in this event as a foot race entrant. A licensed medical doctor has verified that I am physically fit and I have sufficiently trained for the competition of this event. I hereby release any and all photographers and their legal representatives and assigns from all claims and liability relating to said photographs. If under 18 years of age a parent/ legal guardian signature is required. No pets, please.

Participants Signature or Parent/Guardian

Date