

# 4th Annual Winter Wellness Dash

## 1 Mile Run/Walk

### Saturday, January 14, 2017

### 12:00pm

**Cost:**

**\$5 per person**

Free to children ages 5 & under

**First 100 participants registered (ages 6 and older) will receive a winter beanie\***

**Packet Pick-Up:**

Community & Recreation Center at Boyce Mayview Park  
Saturday, January 14, 2017

**REGISTRATION NOW OPEN**

Registration will close at 11:00 am

On Saturday, January 14, 2017\*\*

**\*\*Participants registering**

**Friday, January 13 and on race day will  
not be issued a bib number and their  
race will not be timed.**

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### REGISTRATION FORM

Complete this form and return with the appropriate payment to Community & Recreation Center,  
1551 Mayview Road, Upper St. Clair, PA 15241

**Please make checks payable to USC Community & Recreation Center.**

**Questions? Call 412.221.1099 X 619 or X623**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Female  Male

Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Will any children under the age of 4 be participating in the event? YES  NO

If yes, please complete the following:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Female   Male

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Female   Male

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Female   Male

**NOTE: RELEASE OF CLAIMS**

In consideration of the Township of Upper St. Clair granting me or those listed on this form permission to engage in recreational activities within Boyce Mayview Park, the below signed does hereby waive, release, save, and hold harmless and indemnify the Township of Upper St. Clair, its employees, agents, and independent contractors for any and all claims for damage or personal injury to me or loss of property which may be caused by any act or failure to act on the part of the Township of Upper St. Clair, its employees, agents, and independent contractors. To the best of my knowledge, myself or the listed participant is of normal health — having no allergies, physical defects, or illness that would require him/her to abstain from a normal program of physical activity.

**Photo Release:** By registering for any USC Recreation program, class, or event you are agreeing to allow publication of any photos taken of you and/or your child(ren) at any program, class, event, or facility of the Recreation Department.

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

Parent/Guardian Signature (if under 18) \_\_\_\_\_ Date \_\_\_\_\_