

Sharpsville



2nd Annual 5K Run/Walk for Autism

Individual Registration Form

Race Information:

When: Saturday, April 29, 2017 at 10:00 A.M.

I know that running a road race is a hazardous activity which could cause injury or death. I should not run unless I am medically able, and by my signature, I certify that I am medically able to perform this event and am in good health. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, effects of weather, and traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and 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 the Sharpsville Area School District, the city of Sharpsville, the Autisms Speaks Organization, and all their sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature* _____

Parent or Guardian must sign for participants under 18 years of age

Personal Information:

Name: _____

Street Address: _____

City: _____

Age: _____ Email: _____

Shirt Size (circle one): Youth Large Small Medium Large X-Large

Fee will be \$18.00, and includes a t-shirt

Please mail entries to Sharpsville School District, 1 Blue Devil Way, Sharpsville, PA 16150