

#7 Strong

A Family Friendly 5K Run/Walk Benefit for Anthony Tollari

October 8, 2017

Onsite Registrations Begin at 7:00 am

Event Start Time: 8:00 am

Race Location: Riverside High School Football Stadium – Beaver County

Bring spending money for Chinese Auction Raffles and 50/50 Cash prizes! All proceeds go to the Tollari Family

PLEASE COMPLETE THE FOLLOWING APPLICATION AND MAIL IT WITH YOUR

CHECK PAYABLE TO: North Sewickley Township

MAILING ADDRESS: 893 Mercer Road
Beaver Falls, PA 15010

FIRST NAME: _____ LAST NAME: _____

STREET ADDRESS: _____

CITY: _____

STATE _____ ZIP _____

DATE OF BIRTH ____/____/____

SEX (CIRCLE ONE) M F

T SHIRT SIZE (CIRCLE ONE) YS YM S M L XL XXL (add \$2.00 for XXL)

ENTRY FEES:

- Pre-Registration - \$20.00 - Registration the Day of the Event - \$25.00
- T-Shirts Sold Separately, please add \$6.00 per t-shirt
- Sign up online at: <https://runsignup.com/Race/PA/BeaverFalls/7stronganthonytollari>

PLEASE NOTE T-SHIRT IS NOT GUARANTEED FOR ENTRIES RECEIVED AFTER SEPTEMBER 27th

PLEASE READ AND SIGN THE PARTICIPATION WAIVER BELOW

I know that running [volunteering for] a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the race, all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates or roller blade are not allowed in the race and I will abide by this guideline. 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 this race and successors from all claims or liabilities of any kind arising out of my participation in this event.

Signature (parent or guardian required if under 18) _____

Date _____

Questions? Email northsewickleytownship@gmail.com

Or call Lisa at 724-944-7752