

HALLOWEEN HUSTLE 5K/Walk & Kids' Dash Registration

WHEN: October 21, 2017 **TIME:** 9 AM **WHERE:** Murrysville Community Park
5K RUN/WALK & COSTUME FUN WALK/KIDS' DASH

Runners can also sign-up on-line here:
<http://www.active.com/murrysville-pa/running/distance-running-races/halloween-hustle-5k-2017>

FIRST NAME _____ **LAST NAME** _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

DATE OF BIRTH mm/dd/yy ____/____/____ **AGE** ____ **SEX(CIRCLE ONE)** M F

TSHIRT SIZE (Circle one): YS YM YL AS AM AL AXL A2X A3X

EVENT: ____ **5K/WALK(\$25)** ____ **FUN RUN(\$25)** ____ **KIDS' DASH(\$15)** ____ **KIDS' 5K(\$15)**

PLEASE READ AND SIGN THE PARTICIPATION WAIVER BELOW

I know that running [volunteering for] a road race or road walk 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 road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, baby joggers, roller skates or roller blades, animals, and headsets are not allowed in the race and I will abide by this guideline. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the East Suburban Trailblazers and East Suburban Citizen Advocacy (ESCA), the city of Murrysville and all 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 authorize the ESCA to allow the reproduction, dissemination and/or publication of my name and likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films, and/or video tape recording. This is to be done in conjunction with my participating in this event and I understand and agree that I may neither pay a fee to receive individual promotional consideration from my participation in this event, nor will I receive any payment for the possible commercial use of my name or likeness.

Signature (parent or guardian required if under 18) _____

Date _____

Questions? 724-516-3662 or email eastsuburbantrailblazers@gmail.com

Checks can be made payable to ESCA and write "HALLOWEEN HUSTLE" in the memo, and mail to: 4407 Old William Penn Highway Suite 300 Murrysville, PA 15668.