

5th Annual Winter Wellness Dash

1 Mile Run/Walk

Saturday, February 10th, 2018

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, February 10th, 2018

REGISTRATION NOW OPEN

Online Registration available at <https://online.activecommunities.com/twpusrec/Activities/ActivitiesAdvSearch.asp> (select Family, then select Events)

Registration will close at 9:00 PM on Friday, February 9th, 2018**

****Participants registering Friday, February 9th will not be issued a bib number and their race will not be timed.**

NO RACE DAY REGISTRATION

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 _____