

Shane - O - Mak 5K Run / 1.5 Mile Walk

To Benefit the Shane E. Horner Foundation
AUGUST 14, 2021

Date/ Time: Saturday, August 14, 2021 8:30 am, Registration will begin at 7:30 am
Location: Brockway Taylor Memorial Park, 9th Ave.
T-Shirts: Guaranteed T-Shirts to PRE-REGISTERED participants BY JULY 16, 2020
5K Entry Fee: \$15 until July 16, 2020 - \$20 after July 16, 2020
Walk Fee: \$10 until July 16, 2020 - \$15 after July 16, 2020

Checks made payable to: Shane E. Horner Foundation

Mail to: *Dominique Martino*
1603 Penn Avenue
Brockway, PA 15824

Questions: E-mail: DominiqueMartino14@gmail.com or call Dominique Martino @ (814) 771-5171
Visit our Facebook page at Shane Omak Fun-Run

Entry form – Shane – O – Mak 5K Run / 1.5 Mile Walk

Name _____ Male _____ Female _____

Address _____ Age (On Race Day) _____

City/State/Zip _____ Phone # _____

T-shirt size (circle one): Adult= Small Medium Large XL 2XL 3XL 4XL 5XL
Youth= X Small Small Medium Large XL

Select One: _____ **5K Run**

E-mail _____ **Walk**

_____ **T-Shirt only**

Waiver: In consideration of your accepting my entry, I the undersigned, intending to be legally bound hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Borough of Brockway, Rails to Trails, Race organizers, and any other sponsors and their representatives, successors and assigns, for any and all claims and liabilities of any kind arising out of my participation in this event, even though the liability may arise out of the negligence or carelessness on the part of the persons named in the waiver. I agree to abide by any decisions of a race official relative to my ability to safely run/walk. I assume all risks associated with running/walking, including but not limited to falls, contact with other participants, the effects of weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. I attest and verify that I will participate in this event as a footrace entrant and that I am physically fit and sufficiently trained for the completion of the event.

Participant Signature _____ Date _____

Parents Signature (If under the age of 18) _____ Date _____

OFFICIAL USE ONLY
DATE RECEIVED _____ PMT AMT _____ CASH/CHECK _____ SHIRT SIZE _____