

## **Run for your Life 5K Race and 2 Mile Fun Walk**

**Lower Trail Saturday, May 21, 2022**

**5K run starts at 9:00 AM and 2 mile walk to follow.**

**Race day registration begins at 8:00 am.**

To receive a free tee shirt, registration must be completed by Friday, May 13, 2022

Registration Form

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**E-Mail** \_\_\_\_\_ **Age** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Sex: Male / Female**  
**T Shirt Size: Youth S** \_\_\_ **M** \_\_\_ **L** \_\_\_ **Adult S** \_\_\_ **M** \_\_\_ **L** \_\_\_ **XL** \_\_\_ **XXL** \_\_\_

Entry fees \$20.00 per person over 18 years of age for 5K Race/2 Mile Walk.

Entry fees \$10.00 for persons 17 years of age and under.

**Make checks payable to WHS**

**Sponsored by the WHS Careers in Health Club**

### **WAIVER (must be signed)**

I acknowledge that participating in *the Run for your Life* 5k Race/ 2 Mile Fun Run is a potentially hazardous activity. I agree not to participate unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run/walk. I assumed all risks associated with participating in the Event, including but not limited to falls; contact with vehicles, persons, and other objects; traffic; the effects of weather; and the condition of the road or course. I authorize the Event volunteers to administer medical care to me as they determine may be needed. Having read this waiver and acknowledging these facts and consideration of acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release the organizers of the Event, *Run for your Life*, all Event sponsors, all Event volunteers, The Lower Trail of Williamsburg, PA, and each of their representatives and successors, from all liabilities and claims arising out of my participation in the Event of carelessness on the part of the persons named in this waiver. I grant permission to all the above persons and entities to use or authorize others to use photographs, videos, and other records of my participation in the Event for any legitimate purpose.

**Signature of participant** \_\_\_\_\_ **Date** \_\_\_\_\_

(Parent or guardian if under 18)

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**Mail or return completed form with entry fee to:**

*Run for your Life*

Williamsburg Community School District

515 West 3rd Street

Williamsburg, PA 16693