

Save the Day 5K

PLEASE COMPLETE A SEPARATE FORM FOR EACH PARTICIPANT.

Please make checks payable to "Save the Day 5K" and mail to: Jennifer Langlois
19 Applewood Road
Malvern, PA 19355

FIRST NAME: _____ LAST NAME: _____

GENDER: Male OR Female AGE: _____

T-SHIRT SIZE adults: M OR L OR XL T-SHIRT SIZE children: L OR XL

EVENT: 5K Run/Walk OR 1-mile Run/Walk

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ EMAIL: _____

ENTRY FEES: 5K AND 1 MILE

POSTMARK BY 10/31
TO GUARANTEE SHIRT

Adults _____ x \$25 = \$ _____
Children (ages 6-18) _____ x \$10 = \$ _____
Seniors (ages 60 & over) _____ x \$20 = \$ _____
Family Rate _____ x \$70 = \$ _____
Donation \$ _____
Total Paid \$ _____

ENTRY FEES: 5K AND 1 MILE

AFTER 10/31 AND WALK-UP
NO GUARANTEE ON SHIRTS

Adults _____ x \$30 = \$ _____
Children (ages 6-18) _____ x \$15 = \$ _____
Seniors (ages 60 & over) _____ x \$25 = \$ _____
Family Rate _____ x \$70 = \$ _____
Donation \$ _____
Total Paid \$ _____

I would like to volunteer. _____

I would like to sponsor the event. _____

Participant Waiver and Medical Release

In consideration of this entry being accepted, I hereby, for myself, my heirs, executors and administrators, waive and release any claims that I may have against Willistown Township, the school, the race organizers, the sponsors, and their representatives, successors, or assignees for any injuries that may be suffered by me in this event. I also give permission for the use of my name and/or picture in any newspaper, website, broadcast, or other account of this event. I certify that I am in good physical condition for this event.

Signature _____

(Participants under age 18 must have parent or guardian sign waiver.)

Runner's Name _____

(Please print.)