

**5K Walk
OR Run**

**Breast & Prostate
Cancer Awareness**

Free T-Shirt To The First 100 Registered Participants




**Saturday, April 24
10 a.m.
Luzerne County
Community College**

**First Place Awards For
Men & Women In The
5K Run & 5K Walk
Seven Age Group Awards**

**Pre-Registration Fee: \$10
Day of Event: \$15**

For more information and/or to register, call:
570-740-0237 or e-mail: mhildebrand@luzerne.edu

 Sponsored by the LCCC Health, Physical
Education & Exercise Science Department

REGISTRATION FORM

- Registration begins at 9 a.m. in the Gymnasium (Building 8).

Awards will be given to the first overall male and female in the 5K Run and the top three male and female finishers in the 5K Walk. Awards will also be given to the top three finishers in the following age groups for both males and females in the 5K Run: 19 and under, 20-29, 30-39, 40-49, 50-59, 60-69 and 70 and over.

- Pre-registration fee is \$10.00. Registration the day of the race is \$15.00.
- Tee shirts guaranteed to the first 100 registered contestants.

Direct questions and send pre-registrations to:

**Miranda Hildebrand – Race Director
Luzerne County Community College
1333 S. Prospect Street, Nanticoke, PA 18634
570-740-0237
mhildebrand@luzerne.edu**

Waiver: I know that running is a potentially hazardous activity. I should not enter and run a race unless I am medically able and properly trained to do so. I also know that there will be hazards, debris and poor footing on the course and assume the risk of running on it. I also assume any and/or all other risks associated with running or attending the race, including, but not limited to falls, contact with other participants, the effects of the weather, getting lost, wildlife, and insects and all such risks being known and appreciated by me. Knowing these facts, and in consideration of you accepting my entrance fee, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, shall not hold Luzerne County Community College, its students, faculty, directors, officers, employees, representatives, and agents liable from any loss, claim, injury, or damage sustained by me.

**BY SIGNING THIS REGISTRATION FORM, I ATTEST
THAT I HAVE READ AND UNDERSTAND THIS WAIVER.**

Name _____ Age _____

Circle: M F • Event: 5K Walk 5K Run • Shirt: S M L XL 2XL

Address _____

Signature _____

Parent signature if under eighteen _____