



# COLORS OF HOPE 5K WALK/RUN

Date: Saturday April 29, 2017

Time: 8:30am - registration.

Race starts at 10am

Place: Hess Fields

Online registration at [PARunners.com](http://PARunners.com)

## Registration Form

Name: \_\_\_\_\_

Age (at race date)/gender: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone ( ) - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact (name and phone number): \_\_\_\_\_

T-Shirt size(s) (circle one): Youth M Youth L Adult S Adult M Adult L Adult XL

**Entry Fee: Please make your check payable to Momma K's Kids. Return form and fee to: Kayla James at PO Box 435, Danville, PA 17821. Any questions contact Kayla at [kaylah0228@yahoo.com](mailto:kaylah0228@yahoo.com).**

- Registration **BEFORE OR ON** (date determined by postmark, includes t-shirt) April 8: \$20
- Registration **AFTER** April 8 (date determined by postmark, t-shirt **NOT** included but, shirts will be available for purchase on race day, first come, first serve): \$25
- Children 12 years old and younger: **FREE!**

Disclaimer: For and in consideration of permission to participate in this race, I for myself, my heirs, executors and administrators, do hereby release and discharge the sponsors, contributors, officials, employees and all of the members and officers of the American Cancer Society, Relay For Life, the borough of Danville, PA, from all claims and damages arising from my participation in this race. I attest and verify that I am physically fit and have sufficiently trained for this event.

Signature/Date: \_\_\_\_\_

(Parent Signature if under 18)

**WAIVER, RELEASE AND COVENANT NOT TO SUE**

I, \_\_\_\_\_ (please print), in consideration of myself or my child being permitted to participate in the activity below in any way, hereby for myself, my family members, heirs, and personal representatives, successors or assigns, assume any and all risks which might be associated with this event. I further waive, release, discharge and covenant not to sue the American Cancer Society, East Central Division Inc., (“ACS”) its affiliates, directors, officers, members, sponsors, organizers, employees, volunteers, legal representatives, agents, successors and/or assigns and all volunteers with the run, for any and all claims, costs, including attorney’s fees, demands, causes of action, suits, injuries, damages of any kind whatsoever, or death, sustained by me, which arise out of my participation in this event. I also agree to the use of film, photo, audio or videotape of my participation in this event for any reason.

**I understand that there are risks involved with my participation in a 5 Kilometer Run or any other type of distance running or hiking event. Falling, tripping, collision with other occupants and objects, dehydration, loss of breathe, strained muscles, asthma attacks, heart attacks or other types of potentially hazardous events including death are possible during involvement in such an activity. This constitutes my understanding of that involvement in a potentially dangerous activity with accompanying risks of personal injury or death and loss or damage to personal property, and I hereby voluntarily assume those risks.**

**Activity:** Colors of Hope 5K walk/run at the Hess Field Recreation Area taking place on the 29th day of April 2017.

This instrument shall remain in full force and effect indefinitely and shall inure to the benefit of my family members, heirs, agents, legal representatives, successors and/or assigns.

I have read and understand the foregoing provisions of this WAIVER, RELEASE AND COVENANT NOT TO SUE and I have executed this instrument voluntarily on this date.

_____ Participant’s Full Name (Please Print)	_____ Date	_____ Guardian’s Full Name (Please Print)
_____ Participant’s Signature		_____ Guardian’s Signature (If Participant is under 18)

Posted at NEPARunner.com 1/27/17