

BIB # \_\_\_\_\_

**Memorial Miracle Miles (5K run & 1K walk)  
Saterlee Creek Environmental Center (Litchfield, PA)  
May 29, 2017**

\*Please PRINT CLEARLY and FILL OUT COMPLETELY!!

NAME: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

AGE (on May 29, 2017) \_\_\_\_\_ Gender: M    F

EVENT:        5K Run/Walk (starts at 9 a.m.)  
               1K Walk (starts at 8 a.m.)

E-mail: \_\_\_\_\_

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

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

T-shirt size: Adult    S        M        L        XL  
                          Child    S        M        L        XL

(T-shirt guaranteed to first 100 registrants!)

**\*WAIVER**

In consideration of permission for me and/or my children and Spouse, to participate in the **Memorial Miracle Miles 5 kilometer run/1 kilometer walk at Saterlee Creek Environmental Center (Litchfield, PA)** identified by the Geisinger Organization, to benefit the Children's' Miracle Network, (I/We), intending to be legally bound, hereby agree that my (our) heirs, executors, administrators and assigns, will and hereby do release and forever discharge Geisinger Health System Foundation, Geisinger Medical Center, Geisinger Clinic and or their affiliated corporations and all other persons, associations and corporations, both known and unknown, and their respective agents, servants, employees, board of directors, members, heirs, executors, administrators, assigns and insurers (hereinafter called "Geisinger") from all manner of claims, actions, or causes of action which (I We) now have or which my/our heirs, executors, administrators, assigns hereafter can, shall or may have because of bodily injury, including death or damage or loss to property which (I/We) may suffer while participating in the above activity, whether the said injury, including death, or damages may be due to a negligent act or omission of Geisinger or otherwise.

It is acknowledged and understood that there are risks of injury, damages or even death, which may be inherent in this activity and that (I/We) accept full responsibility for myself/ourselves and/or my child/children (below noted). (I/We) understand that this is my/our own voluntary decision to participate in the activity and (I/We) fully assume the risks of injury and damages from both known and unknown

causes, both obvious and hidden conditions and conditions for which warnings were or were not specifically provided. (I/We) understand that Geisinger has made no representations regarding training or the safety of any equipment and (I/We) hereby release Geisinger from any and all liability related to such equipment, training, failure to train and/or failure supervise the activities.

It is additionally understood that should (I/We) in any fashion be employed by Geisinger Health System Foundation, Geisinger Clinic, Geisinger Medical Center, Geisinger Grays Woods or any one of the affiliated Geisinger Corporations not herein noted specifically, (I/We) understand that (I/We) is (are) voluntarily entering into the Geisinger- Department of Orthopedics and Employee Wellness Center Community/Employee 5 kilometer run/walk activities outside of the course and scope of my/our employment and I/we will not, under any circumstances, should injury occur during these activities, qualify or be entitled to Workmen's Compensation or any other specific Compensation or benefit that may be applicable to injuries that may occur during the course and scope of employment, for any injuries suffered from my/our participation in the above noted running/walking activities.

\*For persons under 18 It is understood that as a parent or legal guardian, I am aware of and understand the risks of allowing my Child (Children) to engage in the **Memorial Miracle Miles 5 kilometer run/1 kilometer walk at Saterlee Creek Environmental Center (Litchfield, PA)**. I am aware that I am, at all times, responsible for their well-being and supervision and I take all responsibility for their safety. I also hereby release Geisinger Foundation and all affiliated Geisinger entities from any liability for the safety of my children and/or any injuries or death that may result from their participation in the above event.

\_\_\_\_\_/\_\_\_\_\_  
Signature of Participant / Print Name as Signed Date  
(over 18 years of age)

\*Name of  
Minor \_\_\_\_\_ / \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Signature of Parent or Guardian

\*Name of  
Minor \_\_\_\_\_ / \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Signature of Parent or Guardian

\*Name of  
Minor \_\_\_\_\_ / \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Signature of Parent or Guardian

I am running/walking this race in honor/memory of: \_\_\_\_\_

\$20: Individual  
\$18 each: Group of Friends/Family (Minimum of 4)

(Cash or Check written to "Geisinger Health System Foundation" with "Children's Miracle Network" on the memo line)

**Registration fee covers both events!**

**MAIL REGISTRATION TO:** Memorial Miracle Miles, 548 Valentine LN, Sayre, PA 18840