



Tamaqua Area Cross Country Boosters
2nd ANNUAL
SMOKIN' 5K

Adventure Trail Run & Cookout Registration Form

**Saturday, August 19, 2017 at Owl Creek Reservoir, Owl Creek Road,
Tamaqua PA**

Registration begins at 9 a.m.-- Run begins at 10 a.m., walk at 10:15 a.m.– Food served from 11 - 1 p.m.

**Pre-registered Packet Pick-up available Aug. 18, 2017 10 a.m.-6 p.m. at Dn'A Bikes 115 W. Broad St. Tamaqua
All Proceeds from the race and cookout benefit the Tamaqua Area Girls and Boys Cross Country teams**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Age on 8/19/2017: _____ Date of Birth: _____ Sex: _____

Phone #: (_____) _____ Run _____ or Walk _____

E-mail address: _____

Entry Fee: (check one) ___ \$25 5K Run/Walk only ___ \$12 Cookout only ___ \$35 5K Run/Walk and Cookout

Participants who register by August 8 will receive a free t-shirt. After that, while available. Awards given in following groups for males and females: overall runner and walker, 14 & under(top 5), 15-19(top 7), 20-29, 30-39, 40-49, 50+.

T-Shirt size: _____ S _____ M _____ L _____ XL _____ XXL

Waiver: I know that taking part of a running race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that there will be off road conditions which will include but not limited to rocks, roots, fallen trees, etc.... I also assume any 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 and the condition of the roads/trails, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry fee, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Tamaqua Area Cross Country Boosters any subcontractors it utilizes, all municipalities in which the race is held, the race committee, volunteers, any and all sponsors including their agents, employees, assigns or anyone acting for on their behalf, or anyone else associated in any way with the race, from any or all claims or liability for death, personal injury or property damage of any kind of nature what so ever arising out of, or in the course of, my participation in this event(s). This waiver extends to all claims of every kind or nature what so ever, foreseen or unforeseen, known or unknown. By entering this race, I am granting permission to the Tamaqua Area Cross Country Boosters, to use any pictures or likenesses of me secured at the event in any way they see fit without review, restriction or compensation. I HAVE READ AND UNDERSTAND THIS WAIVER: (if under 18, legal guardian must sign)

Signature: _____ Date: _____

Parent or guardian's signature if entrant is under 18:

Signature: _____ Date: _____

Please mail completed entry form to: Smokin' 5K, Attn: Rich Stianche,
115 W. Broad St., Tamaqua, PA 18252

Checks can be made payable to: Tamaqua Area Cross Country Boosters

Posted at NEPARunner.com 6/17/17