



Super Hero 5K Run/Walk

Proceeds go to The Women's Resource Center, Inc., serving Lackawanna and Susquehanna Counties

Saturday, June 23, 2018

9 am: Registration & Check-in

10 Am: Race

Bridgewater Church 10142 Rt 167, Montrose, Pa 18801

Online registration @ www.RunSignUp.com/SuperHeroEvent

Name _____ Gender _____ Age _____ DOB _____

Address _____

Email _____ Phone _____

Choose ONE event: Run: \$25 Walk: \$25

Lunch Options: ___\$5/ Chicken Spiedie Sub & chips ___\$3 /2 slices of Pizza ___ No lunch

Waiver must be signed to participate in this event

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against MWS Race Team Association, the Event Director, Bridgewater Township, Bridgewater Church and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization.

I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

*Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Signature _____ Date _____

Parents/guardians signature if under 18 _____

Please make check out and remit to: MWS Race Team PO Box 359, Montrose, Pa 18801