



PennState Extension

Kristy Ryczak Memorial PROSPER 5K RUN/FUN WALK



IN PARTNERSHIP WITH: Lackawanna Heritage Valley

Sunday, September 29, 2018
Lackawanna River Heritage Trail
Olive Street Trailhead
7:30a.m. - 8:30a.m. Registration
9:00 a.m. Start

*The PROSPER project brings evidence based prevention programs to the **Carbondale** and **Riverside** communities to enhance youth resiliency, strengthen families, and build healthier communities.*

	<p>\$20 before September 14, 2018, \$25 after this date \$10 all children 16 years and under, \$15 after September 14, 2018</p>	
<p>Awards given to Overall winner Male & Female and 1st, 2nd, and 3rd place for each male and female runner in each age category:</p>		
<p>12 and under, 13-18, 19-29, 30-39, 40-49, 50-59, and 60+</p>		
<p>Any questions contact Karen Thomas at 570-963-6842 or e-mail at kat1@psu.edu.</p>		

To pre-register, mail this form with signatures and check payable to “ ” to Penn State Extension, 200 Adams Ave Scranton, PA 18503. Please write “RACE” on the envelope. Only cash will be accepted the day of the race.

The school district which has the most participants will receive a trophy. Please check which district you represent:

Carbondale Area Riverside Neither Runner Walker (Not timed nor scored)

Name: _____ Age on 10-1-17 _____ M F

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ T-shirt Size: _____ (S, M, L, XL)

In consideration for being permitted to participate in the PROSPER 5K, which is sponsored by Penn State Extension in Lackawanna County, I (or if under 18 my parent or legal guardian) hereby release and hold harmless both The Pennsylvania State University their trustees, officers, employees and representatives from any and all liability resulting from my participation in this event. By my signature below, I hereby acknowledge that I am at least 18 years of age or this has been signed or countersigned by my parent or legal guardian.

Printed Name: _____

Signature: _____ Date: _____

If under 18, Printed Name of Parent/Legal Guardian: _____

Parent/Guardian Signature: _____ Date: _____

I hereby give my consent that the photographs/video taken of me may be reproduced in advertising, publications, promotional email campaigns, websites, and other materials or media for The Pennsylvania State University College of Agricultural Sciences. In giving this consent, I release the photographer, The Pennsylvania State University, and the College of Agricultural Sciences from responsibility for any violation of personal or proprietary rights I may have in connection with this use.

Name of Model (please print) _____

Signature _____ Date _____

Parent Signature (if model is a minor) _____ Date _____

Current Address _____

City _____ State _____ Zip Code _____

Home Address (if different from Current Address) _____

City _____ State _____ Zip Code _____

Email Address _____ Home Phone _____

Description of Photo/Video _____

Penn State encourages persons with disabilities to participate in its programs and activities. If you anticipate needing any type of accommodation or have questions about the physical access provided, please contact Karen Thomas at 570-963-6842 in advance of your participation or visit.

This publication is available in alternative media on request.

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