



"It's Nice To Be Nice"

David A. Salata 4th Annual Memorial 5K Run / Fun Walk

Sunday, September 30, 2018
KIRBY PARK, WILKES BARRE

**PRESENTED BY: NURSES FOR EXCELLENCE
PROCEEDS BENEFIT THE DAVID A. SALATA NURSING ENDOWMENT AT GEISINGER**

REGISTRATION

\$20.00 Pre-Registration Fee
- Deadline September 13, 2018
\$25.00 Registration Fee Day Of Race
\$10.00 Pre Registration & Day of Race
Fee For Children 14 & Under

T-Shirts Guaranteed for Pre-Registrants

*** All Participants Must Complete Entry Form & Sign Disclaimer Prior To Race.

~ ~ ~ TO PRE-REGISTER ~ ~ ~

Complete Entry Form and
Submit Fee:

PayPal To:
Jodell at josalata@gmail.com or
Make Check or Money Order
Payable To: Lindsey Ford

MAIL TO:
David A. Salata 5K
P.O. Box 350
Bear Creek, PA 18602

REGISTRATION ON DAY OF RACE

~ ~ ~ Begins at 8:30 AM ~ ~ ~
~ ~ ~ Race Begins at 10:00 AM ~ ~ ~

COURSE DESCRIPTION

5K (3.1 miles) / Fun Walk (1 mile)

5K Start and Finish in Kirby Park. Race through the park and along the paved levee system. Scenic and fast with a few short, gentle hills.

AGE CATEGORIES & AWARDS FOR 5K RUN

Trophy: OVERALL MALE & FEMALE WINNERS

Medals: 1st, 2nd & 3rd PLACE FINISHERS IN

AGE GROUPS: 14 & Under, 15-19, 20-29, 30-39, 40-49, 50-59, 60+

ENTRY FORM (One Form per Registrant)

DISCLAIMER: As a condition and consideration for my entry and participation in The David A. Salata Memorial 5K Run/ Walk (the Event), I, intending to be legally bound, hereby waive, release and discharge (on behalf of myself, my heirs and assigns, and my executors and administrators) any and all rights that I may now have, or that may hereafter accrue to me, to assert any demands, claims or causes actions, of whatever nature or origin, against Nurses for Excellence, or its agents or its representatives; The City of Wilkes Barre or its employees, agents or representatives and any and all sponsors or promoters of the Event, including but not limited to any demands, claims or causes of action related to any injuries suffered by me while participating in or traveling to and from the Event.

NAME: _____ SIGNATURE: _____

DATE: _____ Parent Signature (if under 18): _____

BY SIGNING THIS REGISTRATION FORM, I ATTEST THAT I HAVE READ AND UNDERSTAND THIS DISCLAIMER

Name: _____ Age: _____ DOB _____ State: _____ Zip Code: _____

Street Address: _____ City: _____ Phone Number: _____

E-mail Address: _____ Phone Number: _____

Circle One) GENDER: M~~F EVENT: 5KRUN / FUNWALK SHIRT SIZE: S~~ M~~ L~~XL~~ 2XL

Emergency Contact: _____ Phone Number: _____