

Goose Pond Scout Reservation

100th Anniversary Celebration

5K Trail Run

Registration Form

DATE: May 17, 2020

TIME: 12:00 p.m. – Registration

1:00 p.m. – Race Start

ADDRESS: 1047 Goose Pond Rd, Lake Ariel, PA 18436



FEE: \$30 if paid before **MAY 3, 2020** - **\$40** after May 3rd.
First 100 participants registered will receive an event shirt!

Please make checks out to NEPA Council, BSA.

Forms can be dropped off, or mailed to the Scout Service Center at
NEPA Council, BSA, 72 Montage Mountain Rd.,
Moosic, PA 18507

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

PHONE #: _____ EMAIL: _____

AGE (as of May 17th): _____ GENDER: M _____ F _____

T-SHIRT SIZE (First 100): S _____ M _____ L _____ XL _____ XXL _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE #: _____

Please remember to sign the attached waiver on the
NEXT PAGE



WAIVER OF LIABILITY, ASSUMPTION OF RISKS, AND INDEMNITY AND HOLD HARMLESS AGREEMENT



WAIVER: In consideration of my Attendance at or participation in the Goose Pond 100th Anniversary Trail Run (hereinafter “the Activity”) taking place on or about the property and facilities of Goose Pond Scout Reservation in Paupack Township, Pennsylvania (hereinafter “the Facility”) on or about Sunday May 17, 2020, I, for myself, my executors, administrators, heirs, personal representatives and assigns, do hereby release, waive, discharge, and covenant not to sue Boy Scouts of America, Northeastern Pennsylvania Council, and its volunteers, agents, officers, directors, and members, and the individual organizers of the Activity, from any and all claims, injuries, damages, liabilities, costs, or causes of action of any nature whatsoever which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including, but not limited to, negligence, gross negligence, breach of contract, or any other careless or wrongful acts or omissions of the parties hereby released, as a result of injuries, losses or damages sustained or incurred by me arising from my presence at and/or participation in the Activity.

ASSUMPTION OF RISKS: Participation in the Activity at the Facility carries with it certain inherent risks. The risks range from minor injuries such as scratches, cuts, bruises, and sprains; major injuries such as joint or back injuries, broken bones, heart attacks, severe physical trauma and/or psychological trauma; and catastrophic injuries including paralysis and death. I know, understand and appreciate these and other risks that are inherent in the Activity. I hereby assert and agree that my participation in the Activity is voluntary and that I knowingly assume all such risks.

INDEMNITY AND HOLD HARMLESS: I shall indemnify, hold free and harmless, assume liability for, and defend the Boy Scouts of America, Northeastern Pennsylvania Council, and Scouting’s chartered organizations, and any of their affiliates, agents, servants, employees, officers, volunteers, and directors from any and all costs and expenses, including but not limited to, attorneys’ fees, reasonable investigative and discovery costs, court costs, and all other sums that the Boy Scouts of America, Northeastern Pennsylvania Council, or Scouting’s chartered organizations, and any of their affiliates, agents, servants, employees, officers, volunteers, and directors incur as a result of any demand for claim or assertion of liability under any municipal, state or federal law or cause of action, including any action under the Americans with Disabilities Act, arising or alleged to have arisen out of any act or omission of, or any use of real or personal property belonging to, the Boy Scouts of America, Northeastern Pennsylvania Council, or Scouting’s chartered organizations, and any of their affiliates, agents, servants, employees, officers, volunteers, and directors.

SEVERABILITY: I further expressly agree that this Waiver of Liability, Assumption of Risks, And Indemnity and Hold Harmless Agreement is intended to be as broad and inclusive as is permitted by the law of the Commonwealth of Pennsylvania and that if any portion of it is held invalid, it is agreed that the balance of this agreement shall, notwithstanding, continue in full legal force and effect to the greatest extent allowed by law.

ACKNOWLEDGMENT OF UNDERSTANDING: I have read this Waiver of Liability, Assumption of Risks, And Indemnity and Hold Harmless Agreement, fully understand its terms, and agree that I am giving up substantial rights, including my right to sue. I acknowledge and agree that I am signing the agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allow by law.

Participant’s Signature _____ Date _____

Print Name & Address _____

Emergency Contact & Phone # _____

IF THE PARTICIPANT IS UNDER THE AGE OF 18 YEARS, A SIGNATURE OF A PARENT OR AUTHORIZED LEGAL GUARDIAN IS REQUIRED:

Signature _____ Date _____

Print Name & Address of Parent/Guardian _____