

# RACE FOR A CAUSE 5K Run or Fun Walk

Swag To the First 60 Registered Participants



**Friday, April 26  
6:30 PM  
Luzerne County  
Community College**

**First Place Awards  
For Men & Women  
In The 5K Run  
Six Age Group Awards**

**Registration Fee: \$20**

**Mail Registration or Sign Up Day of Event**

For more information and/or to register, call:  
570-740-0237 or e-mail: [mcosta@luzerne.edu](mailto:mcosta@luzerne.edu)

Sponsored by the LCCC Health, Physical Education & Exercise Science Dept.

## 2024 REGISTRATION FORM

Awards will be given to the first overall male and female in the 5K Run. Awards will also be given to the top three finishers in the following age groups for both males and females in the 5K Run: 19 and under, 20-29, 30-39, 40-49, 50-59, 60 and over.

- Registration is \$20.00 per person. Proceeds from the registration fee will support LCCC students in need.  
*Make checks/money orders payable to LCCC Physical Education Dept.*
- Swag to the first 60 registered participants.

**Direct questions to: Miranda Costa, Race Director, or  
Ed Gurtis, Chairman, Health, Physical Ed. & Exercise Science Dept.**

**Return registraton form to: Miranda Costa  
Luzerne County Community College  
521 Trailblazer Drive, Nanticoke, PA 18634  
Call: 570-740-0237 or email: [mcosta@luzerne.edu](mailto:mcosta@luzerne.edu)**

Waiver: I know that running is a potentially hazardous activity. I should not enter and run a race unless I am medically able and properly trained to do so. I also know that there will be hazards, debris and poor footing on the course and assume the risk of running on it. I also assume any and/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, getting lost, wildlife, and insects and all such risks being known and appreciated by me. Knowing these facts, and in consideration of you accepting my entrance fee, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, shall not hold Luzerne County Community College, its students, faculty, directors, officers, employees, representatives, and agents liable from any loss, claim, injury, or damage sustained by me.

**BY SIGNING THIS REGISTRATION FORM, I ATTEST  
THAT I HAVE READ AND UNDERSTAND THIS WAIVER.  
Please: One Name Per Registration Form.**

Name \_\_\_\_\_ Age \_\_\_\_\_

Circle: Men Women • 5K Run • 5K Fun Walk

Address \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_

Parent signature if under eighteen \_\_\_\_\_