

Fifteenth Annual

# The Chris Shultz Memorial Run/Walk

A special 5K to benefit The Leukemia & Lymphoma Society and Camp Courage

**Sunday, June 30<sup>th</sup>, 2024 @ 7PM**



**Run, walk, or cheer -**

**Unite and remember for a great cause!**

**Millville LFCA Swimming Pool, Millville, PA, Sunday, June 30th, registration at 6PM**

Start the holiday by celebrating the life of Chris Shultz and raising money to battle leukemia, and support grieving children through Camp Courage! There are many ways to participate – hit the course with a spirit of fun competition and **run it with a clocked result**, take it easy, **walk it** and enjoy the scenery, **cheer from the sidelines, or swim at the pool.**

### **What you need to do**

1. Complete a registration form. (Mail registration form and fee of \$20 to: "Friends of Chris Shultz" c/o Dave and Kay Lou Case, P.O. Box 160, Millville, PA, 17846). **Pre-register by June 14<sup>th</sup> to guarantee your t-shirt from the event. A limited number of additional t-shirts will be available with registration on the day of the event.**
2. Arrive at registration at 6PM. Please wear appropriate attire. We will be holding the event rain or shine.

### **Registration**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Male  Female  Age \_\_\_\_\_ Would you like a competitive timed result? No  Yes

Age groups (circle one): 10 and under 11-15 16-19 20-29 30-39 40-49 50-59 60+

Adult T-shirt size: S / M / L / XL / No t-shirt – please use all registration money towards donation

In exchange for accepting my application for this activity, I hereby waive, release and discharge any and all claims for damages for any and all harm, including personal injury and property damage which may happen as a result of participating in this event. This release is intended to discharge in advance the organizers, the Borough of Millville, the Millville School District, the Little Fishing Creek Swimming Pool, the Leukemia & Lymphoma Society, Camp Courage, its officials, officers, employees, volunteers and agents for liability, even though that liability may arise out of negligence on the part of persons or entities mentioned above. I understand that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. I also understand and agree that by signing this waiver, release and assumption of risk is to be binding on my heirs and assignees. (Parent/Guardian): I hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the event. I understand that the organizers, The Leukemia & Lymphoma Society, Camp Courage, Millville School District, Millville Borough, and the Little Fishing Creek Swimming Pool will provide no medical insurance for such treatment, and that the cost of it will be at my expense. I have read and understand the foregoing registration liability release and parental consent form, and agree to all of its terms and conditions.

Camp Courage 

\_\_\_\_\_  
Signature (if under 18, of parent or guardian)

 LEUKEMIA &  
LYMPHOMA  
SOCIETY®  
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