

CRUSH CANCER

Color 5k

DATE: June 7, 2025

LOCATION: Wyoming County Fairgrounds, 9141 US 6 Meshoppen, PA 18630

ENTRY FEE: \$30 **Kids UNDER 5 years old FREE – Please contact Emily for details.

PACKET PICK-UP & RACE DAY REGISTRATION BEGINS AT 7:30 A.M. RACE BEGINS AT 9:00 A.M.

Mail Registration & Payment to: Crush Cancer Color 5K, 2202 Underhill Road, Laceyville, PA 18623

PLEASE RETURN THE BOTTOM OF THIS FORM WITH YOUR PAYMENT.

Full Name: _____ Male/Female

Address: _____

Phone #: _____ Email: _____

Date of Birth: ___/___/___ Age on Race Day: _____ Shirt Size (Adult): S – M– L – XL – XXL

Emergency Contact Name/Phone #: _____

Waiver & Release: I know that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to, falls, contact with other participants, the effects of weather, traffic and the condition of the road, all such risks being known and appreciated by me. Knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Wyoming County Fairgrounds, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. In consideration of your accepting this entry, I, the undersigned, intending to be legally bound hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have, or that might accrue against Wyoming County Fairgrounds, Falcon Race Timing and their agencies, officers, volunteers, and employees, for any and all injuries suffered by me in said event.

Signature: _____ Date: _____

Parent/Guardian Signature (for participants under 18 years old): _____

REGISTRATION FEE	\$30
American Cancer Society	
Jill Hoffman Memorial Scholarship	
Wyalusing/Elk Lake High School Athletics (circle one)	
Ronald McDonald House Charities	
THON/Four Diamonds	
TOTAL DUE	