

4th Annual Hometown Days Run/Walk

**** Timing by Wil-Time ****



Date: Race Day: July 15, 2017

Location: Start: Susquehanna Community High School
Parking Lot 3192 Turnpike St.,
Susquehanna PA 18847

Finish: Susquehanna Borough Building
83 Erie Blvd., Susquehanna PA 18847

*Transportation van will be provided courtesy of Barnes-Kasson Hospital
(park at either school or borough building)*

Time: 7:00 AM Registration / T-shirt & Bib pick up
(Free t-shirt to the first 150 to register)

9:00 AM Race Begins

Name: _____ **age:** _____ **Male or Female** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

e-mail _____ (only use to notify of next race)

How did you hear about the race: _____
(Help us grow our race)

Please circle appropriate size:

Sizes S M L XL

Entry Fee: \$20.00 per racer Make Checks Payable to:

SCDA 5-k

**Mail to: Joe Bucci 335 Washington Street
Susquehanna, PA 18847**

(All entry fees are non-refundable and non-transferable)

**All proceeds will benefit the SCDA programs
within the Susquehanna Community**

Registration forms at: www.susquehannaborough.com

* Additional T-Shirts available for \$10.00 after race



2017 – 4th Annual Hometown Days 5 K Run/Walk



Accident waiver and release of liability: Release of name and likeness

I know that running/walking a race is a potentially hazardous activity. I certify that I am physically fit have sufficiently trained and prepared for participation in the event and have not been advised otherwise by a qualified medical person. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I hereby consent to receive medical attention which may be deemed advisable in the event of an injury, accident and/or illness during this event. I understand that all evacuation and medical cost for participants and volunteers will be borne by that person or their heirs. The race organizers and sponsors are in no way liable or responsible for medical costs or emergency evacuations.

The race directors have addressed all safety issues on the paved and dirt/hard pack and loose gravel race course trails areas. I assume all risks associated with running in the event, including, but not limited to, falls, contact with other participants, volunteers, race officials, sponsors, walkers, baby strollers or “baby-joggers”, in-line-skating, dogs on leashes, bicycles, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I hereby take action for myself, my heirs, executors, next of kin, administrators or anyone else who might claim on my behalf, waive and release the following Entities or Persons: The Susquehanna Community Development Association, all involved municipalities or public entities (and their respective agents and employees) the event holders, the event sponsors (and their directors, officers, volunteers, representatives and agents), event volunteers and event directors, from all claims or liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of, my participating in this event whether same be caused by negligence or fault. This release and waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown and I indemnify and hold harmless the entities or persons mentioned in this paragraph from any or all liabilities or claims made by any other individual or entities as a result of my actions during this event.

Parents or Guardian waiver for minors (under 18-years old) if applicable. The undersigned parent and natural guardian or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all parties referred to above from all liability, loss, cost, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to act and release said parties on the behalf of the minor and parents or legal guardian. Minors accepted only with a parent or guardian’s signature.

Print Name _____ Date _____

Signature of Participant _____

Parent or guardian if under 18 _____