



Philipsburg Heritage Days 5K Run/Walk



Saturday, July 14, 2018 in Downtown Philipsburg
7:00 AM Registration 8:00 AM 5K Walk 8:15 AM Run

Benefits the YMCA of Centre County – Moshannon Valley Branch
“Sports for All Hearts” Program

REGISTRATION FORM

Register in person at any branch of the YMCA of Centre County, by mail
or on-line at www.ymcaocc.org through June 30, 2017.

Walk: \$ 10.00 - Day of Race \$ 15.00

Run: \$ 15.00 - Day of Race \$ 20.00

T-shirts are guaranteed to pre-registered participants only!

Pre-registrations will not be accepted after June 30, 2018.

Race Day Registration (On-site 30 min. prior to the start of the race): Walk: \$15.00, Run: \$20.00

RETURN REGISTRATION FORM TO: (make checks payable to YMCA of Centre County)
Moshannon Valley YMCA, PO Box 426, Philipsburg, PA 16866
or REGISTER ONLINE at www.ymcaocc.org

Sports for All Hearts mission is to reach children and teens with special needs and autism in the surrounding areas to give everyone a safe and supportive place to play sports. To teach individuals life lessons such as leadership, team work, and sportsmanship in a hardworking and educational environment.

NAME: _____ PHONE: _____
STREET _____ CITY _____ STATE _____ ZIP _____
DATE OF BIRTH / / GENDER (circle) M or F AGE _____
EVENT (circle) 5K RUN 5K WALK
T-SHIRT SIZE (circle) YL S M L XL (Only the first 300 pre-registered will receive a free t-shirt.)
EMAIL _____ PAYMENT METHOD _____
EMERGENCY CONTACT _____ PHONE _____
I hereby waive and release any and all rights, claims and damages I may have against the YMCA of Centre County, its sponsors, Philipsburg Heritage Days, race organizers, their representatives and assigns for any and all injuries suffered by me in this event to be held on July 14, 2017. I attest and verify that I am an amateur and have trained sufficiently for this event.
SIGNATURE: _____ (If under 18, parent must sign)

ALL FEES ARE NON-REFUNDABLE

COURSE DESCRIPTIONS:

This race is held on open road with limited control intersections. It is a moderate difficulty for beginners and relatively simple course for more experienced runners. The course is accomplishable by any individual regardless of fitness expertise. The course is well marked and flanked by aid stations at the halfway mark and at the finish line. Electronic timing services will be utilized during the event.

VOLUNTEER SERVICES

Moshannon Valley Emergency Medical Services



PENNSYLVANIA
AMERICAN WATER

YMCA OF CENTRE COUNTY
RELEASE AND WAIVER OF LIABILITY

THIS IS A RELEASE AND WAIVER OF LIABILITY ("RELEASE") RELATING TO ACTIVITIES OFFERED BY THE YMCA OF CENTRE COUNTY ("YMCA"). PLEASE READ IT CAREFULLY. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE YMCA EXECUTIVE STAFF. BY SIGNING THIS RELEASE, IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE IN ACTIVITIES OFFERED BY THE YMCA, I UNDERSTAND, ACKNOWLEDGE, APPRECIATE AND AGREE TO THE FOLLOWING:

1. YMCA activities can be strenuous and dangerous. There is always a risk of injury from any physical activities, which can be significant and include the potential for serious personal injury or death. While rules, equipment, personal discipline and supervision are intended to reduce this risk, this risk nonetheless exists.

2. I, for myself and/or my child(ren), knowingly and freely assume, all risks, both known and unknown, even if arising from the negligence of the YMCA and any of its officers, directors, members, employees, volunteers, agents, representatives, contractors, affiliates, successors and assigns, or the other participants in the activities (individually, a "Releasee" and collectively, the "Releasees"), and assume all responsibility for damages or injuries to person (including death or disability) or property, arising out of my participation or my child(ren)'s participation in YMCA activities. I take full responsibility for my welfare and safety and my child(ren)'s welfare and safety in the course of participation in YMCA activities. I hereby give permission for the YMCA staff to administer emergency medical treatment as deemed appropriate. Further, I agree that I have consulted with a physician, or have been advised that I should consult a physician, before enrolling myself or my child(ren) in YMCA activities.

3. I, for myself and/or my child(ren), and our respective heirs, personal representatives, and assigns, do hereby:

(A) release the Releasees from, and agree not to sue the Releasees for, liability for damages or injuries to person (including death or disability) or property, to the fullest extent permitted by law, regardless of whether arising from the negligence of any Releasees, which may arise from or relate to my and/or my child(ren)'s participation or involvement in YMCA activities, and/or from the administration of first aid, treatment or assistance provided by the YMCA or any Releasee.

(B). agree to indemnify and hold the Releasees harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees, with respect to any and all damages or injuries to person (including death or disability) or property, to the fullest extent permitted by law, regardless of whether arising from the negligence of any Releasees, which may arise from my and/or my child(ren)'s participation or involvement in YMCA activities, and/or from the administration of first aid, treatment or assistance provided by the YMCA or any Releasee.

(C) consent to be photographed by the YMCA, and to allow the YMCA's use of photographs of myself and/or my child(ren), at its discretion.

4. This Release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania. If any portion of this Release is held invalid, the balance of the Release shall nonetheless continue in full legal force and effect.

HAVING READ, UNDERSTOOD, AND AGREED WITH ITS TERMS, I, HAVE EXECUTED THIS RELEASE ON THE DATE SET FORTH BELOW, TO BE EFFECTIVE IMMEDIATELY.

Applicant or Parent/Legal Guardian Signature

Date