

WNEP'S RYAN'S RUN 5K

SCRANTON MEMORIAL STADIUM

SATURDAY, OCTOBER 6



WNEP's RYAN'S RUN 5K RUN

DATE: Saturday, October 6th, 9:00 a.m.

COURSE: 5k Run starts and ends at Memorial Stadium and follows the Heritage Trail.

FEE: \$10 pre-registration fee. (\$20 after 10/3/18)
Proceeds benefit Allied Services.

AWARDS: presented to 1st Overall Male and Female Runners, 1st, 2nd and 3rd in age groups: 18 and under, 19-29, 30-39, 40-49, 50-59, 60+.

PRE-REGISTRATION: complete and return this form by October 3rd. Checks payable to: Allied Services Foundation.

REGISTRATION: Race day registration at 8:00 a.m.

Return by October 3rd to: Allied Services Foundation, 100 Abington Executive Park, Clarks Summit, PA 18411.

Name: _____

Age: _____

Circle One: RUN WALK

Circle One: Male Female

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

Donation in honor of Team Leckey runner/ambassador: _____

RACE PARTICIPANT WAIVER: READ BEFORE SIGNING

In consideration of being allowed to participate in any way in Allied Services Integrated Health System 5k and all-abilities walk on Saturday, October 6th, 2018, I, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this event is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Allied Services, the Lackawanna Heritage Trail, the Scranton School District, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Participant's Signature)

DATE SIGNED: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

(Parent/Guardian Signature)

DATE SIGNED: _____

Emergency Phone Number: (_____) _____