Life Run 5K/10K & Fun Walk Registration

Use this form or register online at www.peopleforlife.org/liferun.					
Name			Age	Male □	Female □
E-Mail			Phone		
Address					
City	State	Zip	Event:	5K (Run or Walk) □	10K □
T-Shirt Size (circle) XX Large X La Shirt Fabric (circle) Cotton or Sport-	_		Small X Sma ster by <u>Septemb</u>	ıll <u>er 30</u> to be sure of ç	getting a shirt.
Race Date & Time Saturday, October 12, 2024 Registration & sign-in begins: 7:30 a.m. Race time: 9 a.m.	Registration Fee Life Run t-shirt included n. \$30.00 \$15.00 Ages 7-15			Location Slade Park 7840 Slade Rd. Harborcreek, Pennsylvania	
Questions? Contact Karli at (814) 450-504 office@peopleforlife.org	49 / karlivande	ervolgen@gma	il.com or Tim at (8	14) 882-1333 /	
If you are under 18, please submit a p		e read an		completing the foll	owing waiver.
I understand that my consent to these provisunderstand that I may be removed from this and in good physical condition. I know that the complete responsibility for, and the risk of, a on the premises of this event.	sions is given a event if I do no nis event is a p	as a condition of ot follow all the pootentially hazar	being permitted to rules of the event. I dous activity and I	participate in this eve am a voluntary partici hereby voluntarily ass	nt. I further pant in this event ume full and
I, for myself, my next of kin, minor children, I to file suit against People for Life, Inc. or its with this event (collectively "THE RELEASEI participation in this event or while on the pre	sponsors, age ES") for any in	nts, employees, jury or damages	or volunteers, and	all other persons or en	ntities associated
This release applies to any and all loss, liabi including but not limited to, personal injury o caused by falls, contact with and/or the actic conditions of the premises of the event, negl this time or otherwise.	r damage suffe ons of other pa	ered by my child rticipants, conta	or others, whether ct with fixed or non	such losses, liabilities fixed objects, contact	or claims be with animals,
Life Run is sponsored by People for Life, Inc State of Pennsylvania. Proceeds of Life Run					vice and the
Refund Policy					
I understand that registration payments may	be non-refund	dable.			
Medical Statement I hereby warrant to the best of my knowledge assume all responsibility for my health and sa					nealth, and I
Photographic Release					
I give my full consent and permission to Peo irrevocable right to use, for any purpose wha recordings of me and any child of mine that	atsoever and w	vithout compens	ation, any photogra		
Submission of this form constitutes an acknown physically able to undertake the Life Run even participant might assert on his or her own be connection with this event.	ent and is a wa	aiver of any and	all claims arising o	ut of the Life Run ever	nt, which any
I have read a	nd agree to t	the above wai	er and release o	f claims.	
Signature	Print	Name		Date	

Please submit your payment with this form.

PEOPLE FOR LIFE

P.O. Box 1126 ◆ Erie, PA 16512 www.peopleforlife.org/liferun