



Adult Participant Registration

Luzerne County Child Advocacy Center

Superhero 5K Run/Walk

Rodano's/Public Square -Wilkes-Barre

September 21, 2019

Name: _____ Age: ____ Male: ____ Female: ____

Address: _____

Phone: _____ Email: _____

Emergency Contact (Name & Phone): _____

T-Shirt Size (while supplies last): _____

Luzerne County Child Advocacy Center 5K Waiver and Release

I know that running a race is a potentially hazardous activity. I understand that I should not enter unless I am medically able. I agree to abide by any decision made by race staff or volunteers relative to my ability to safely complete the run. I assume all risks associated with running in the event, including, but not limited to, falls, contact with any participants, the effects of weather including high heat, humidity or rain, as well as other risks associated with this 5K event that are not specified. I waive and release any and all rights and claims for damages that I may have against the Luzerne County Child Advocacy Center, volunteers, and any individuals of organizations otherwise involved with the operation of this event. I grant all involved parties to use any photographs or any records of my participation in this event for any legitimate purpose.

Because of the nature of this event, registration fees are non-refundable.

(_____ **Initials**) I have carefully read this Waiver and Release and fully understand its contents.

Participant Signature: _____ **Date:** _____