

Child Participant Registration



Child's Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

Emergency Contact (Name & Phone): _____

Male: _____ Female: _____ T-Shirt Size (while supplies last): _____

Luzerne County Child Advocacy Center 5K Waiver and Release

I know that a minor running a race is a potentially hazardous activity. I understand that I should not allow this minor to enter unless they are medically able. I am aware that any minor under the age of seven (7) must be accompanied by an adult throughout the entire run. I agree to abide by any decision made by race staff or volunteers relative to this minor's ability to safely complete the run. I assume all risks associated with this minor running in this 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, for the minor listed above, 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 the minor's participation in this event for any legitimate purpose.

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

(_____ **Initials**) As a parent or legal guardian of the listed minor, I have carefully read and reviewed this Waiver and Release. I fully understand its contents and consent to the terms of this event.

Parent/Guardian Signature: _____ **Date:** _____