

Ole Towne Festival 5K

DATE:

Saturday, June 23rd, 2018 (Rain or Shine) 12:00 PM Starting Time

COURSE:

Accurately measured out & back through the downtown flats of Phillipsburg.

FEE:

\$20.00

CHECK PAYABLE TO: Phillipsburg Ole Towne Festival

MAIL TO: 158 A Northampton Street, Easton, PA 18045

DIRECTIONS:

FROM PA: Rt. 22 east to Roseberry St. South (2nd light in NJ) Go 2 blocks & turn right on Heckman St. Go 5 blocks & turn left on Warren St. Proceed to Middle School on left or turn right on Anderson across from school to Firth Youth Center

FROM NJ: West to Rt. 22. West to Roseberry St. South (6th light on Rt. 22) then follow above directions.

CHECK IN:

10:45—11:45 AM. Walters Park, Center & Warren Sts. Phillipsburg

COME READY TO RUN - NO LOCKER ROOMS OR SHOWERS

For Additional Information Call: (610) 739-8858

Special Awards Given to Overall Male & Female Winners

<u>MEN</u>	<u>WOMEN</u>
17 & Under (3)	17 & Under (3)
18—25 (3)	18—25 (3)
26- 35 (3)	26 - 35 (3)
36 - 45 (3)	36 - 45 (3)
46 - 55 (3)	46 - 55 (3)
56 + (3)	56 + (3)



Please fill out and return to - Ole Towne Festival, ATTN: 5K Race, 158 A Northampton Street, Easton, PA 18045

PLEASE ENTER ME IN THE OLE TOWNE FESTIVAL5K. IN CONSIDERATION OF THIS ENTRY BEING ACCEPTED, I, INTENDING TO BE LEGALLY BOUND FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, WAIVE AND RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR DAMAGES I MAY HAVE AGAINST THE ORGANIZATION HOLDING THIS EVENT, ITSAGENTS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS, FOR ANY AND ALL INJURIES SUFFERED BY ME, CLAIMS FOR DAMAGES OR LOSSES AT SAID EVENT. IT IS MY FURTHER DECLARATION THAT I CONSIDER MYSELF TO BE IN EXCELLENT PHYSICAL HEALTH ANDTHAT I HAVE SUFFICIENT TRAINING SO AS TO BE IN PHYSICAL CONDITION THAT WILL ENABLE ME TO PARTICIPATE IN AND COMPLETE THE RACE. I ASSUME ALL RISKS ASSOCIATED WITH RUNNING IN THIS EVENT INCLUDING, BUT NOT LIMITED TO FALLS, CONTACT WITH OTHER PARTICIPANTS, THE EFFECTS OF WEATHER, INCLUDING HHIGH HEAT OR HUMIDITY, TRAFIC AND THE CONDIDTION OF THE ROAD, ALL SUCH RISK BEING KNOWN AND APPRECIATED BY ME. THIS FORM MUST BE SIGNED BY PARENT OR GUARDIAN IF APPLICANT IS UNDER 18.

PLEASE PRINT

NAME _____ AGE _____ MALE _____ FEMALE _____
STREET _____ CITY _____ STATE _____ ZIP _____
PHONE _____ SIGNATURE _____
E-MAIL _____ (Adult Entrant, Parent/Guardian) Please Circle One