



## 3rd Annual Happy Camper 5K August 19th 7:30am - Registration 2017

NAME (Print ) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

T-shirt Size: S M L XL 2XL Age on 8/19 \_\_\_\_\_ Sex M F (Circle)

E-Mail \_\_\_\_\_

Cash or Check

Registration Fees

Ages 11 and Under \$20 \_\_\_\_\_ Ages 12-17 \$25 \_\_\_\_\_ Ages 18+ \$35 \_\_\_\_\_

Please make check Payable - Left Right Repeat LLC

Send payment and this completed form to:

Left Right Repeat, Michael Olmstead 105 Berwick Drive, Boalsburg, PA 16827

### **Wavier and release for the** **3rd Annual Happy Camper 5K**

I understand that running or volunteering for a run/ race is a potentially hazardous activity, which could cause injury or death. I will not participate in this event unless I am medically able and properly trained to do so. By my signature, I certify that I am medically able to perform this event and that I am in good health. I agree to abide by any decision of any race official relative to any aspect of my participation in this event, including, but not limited to, the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I know and assume all risks associated with running in this event, including but not limited to falls, contact with other participants, the effects of the weather, including high/low temperatures, conditions of the course. I have read this wavier and hereby release Left Right Repeat LLC, Penn State Health, Grange Fairgrounds and all event sponsors and their representatives and successors from all claims and liabilities of any kind arising out of my participation in this event, including liability that may arise out of negligence or carelessness on the part of the entities named in this wavier.

I grant permission to all of the foregoing to use my photography or any other record of this event for any legitimate purpose.

NAME (Print ) \_\_\_\_\_

\_\_\_\_\_  
Signature (Parent's If participant is under 18) DATE



**PennState Health**