

State College Community Football 5K Registration 2016

NAME (Print) _____

Street _____

City _____ State _____ Zip _____

T-shirt Size: S M L XL 2XL Age _____ Sex M F (Circle)

E-Mail _____

Cash or Check

Registration fee **\$30** if registered by July 18th Day of Race is **\$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 **State College Community Football 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, State College Borough, State College Football Booster Club 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