

Halloween 5k Run

10.30.2010



Proceeds benefit:

The City of Easton Recreation Bureau, Easton Police Athletic League, and
The Easton Boys & Girls Club

Runners age 19 and over \$25/Runners age 18 and under \$15

Race day registration starts at 8 a.m. at the Amphitheater on LHD.

Race starts at 9 a.m. at the Gov. Wolf Building (45 N. 2nd St.) in Easton, PA.

The run is a flat out and back course on the Canal Path.

Costumes are Strongly Encouraged

Runners under 18 years old must have a parent fill out a release form.

Waiver of Liability

In consideration of this entry on the Halloween Day 5K Run, I waive any and all claims for myself and my heirs against officials, sponsors, and volunteers of this event for injury or illness, which may result directly or indirectly from my participation. I further state that I am in proper condition to participate in this event. I give permission to authorize emergency treatment if necessary. I will permit the use of my name, and/or picture, telecast or other account of this event. (Checks can be made out and mailed/returned to the Easton Police Athletic League, 25 South 3rd Street, Easton, PA 18042).

Name _____ Age _____ M ___ F ___

Address _____ City _____ State/Zip _____

Phone _____ Email _____

Signature _____ Date _____ Shirt Size (Adult) S- M- L- XL

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AMATEUR ATHLETIC MINOR WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION OF BEING ALLOWED TO PARTICIPATE IN ANY WAY IN EASTON POLICE ATHLETIC LEAGUE, INC. AND BOYS AND GIRLS CLUB OF EASTON ATHLETICS/SPORTS PROGRAM, AND RELATED EVENTS AND ACTIVITIES, THE UNDERSIGNED:

1. AGREES THAT THE PARENT(S) AND/OR LEGAL GUARDIAN(S) WILL INSTRUCT THE MINOR PARTICIPANT THAT PRIOR TO PARTICIPATING HE OR SHE SHOULD INSPECT THE FACILITIES AND EQUIPMENT TO BE USED, AND IF THE PARTICIPANT BELIEVES ANYTHING IS UNSAFE, HE OR SHE SHOULD IMMEDIATELY ADVISE HIS OR HER COACH OR SUPERVISOR OF SUCH CONDITION(S) AND REFUSE TO PARTICIPATE.
2. ACKNOWLEDGE AND FULLY UNDERSTAND THAT EACH PARTICIPANT WILL BE ENGAGING IN ACTIVITIES THAT MAY INVOLVE RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH, AND SEVERE SOCIAL AND ECONOMIC LOSSES WHICH MIGHT RESULT NOT ONLY FROM THEIR OWN ACTIONS, INACTIONS OR NEGLIGENCE, BUT THE ACTION, INACTION OR NEGLIGENCE OF OTHERS, THE RULES OF PLAY, OR THE CONDITION OF THE PREMISES OR OF ANY EQUIPMENT USED. FURTHER, THAT THERE MAY BE OTHER RISKS NOT KNOWN TO US OR NOT REASONABLY FORESEEABLE AT THIS TIME.
3. ASSUME ALL THE FOREGOING RISK AND ACCEPT PERSONAL RESPONSIBILITY FOR THE DAMAGES FOLLOWING SUCH INJURY, PERMANENT DISABILITY OR DEATH.
4. RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE EASTON POLICE ATHLETIC LEAGUE, INC. OR THE BOYS AND GIRLS CLUB OF EASTON ITS AFFILIATED CLUBS, THEIR RESPECTIVE ADMINISTRATORS, DIRECTORS, AGENTS, COACHES, AND OTHER EMPLOYEES OF THE ORGANIZATION, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LEASERS OF PREMISES USED TO CONDUCT THE EVENT, ALL OF WHICH ARE HEREINAFTER REFERRED TO AS "RELEASEES", FROM ANY AND ALL LIABILITY TO EACH OF THE UNDERSIGNED, HIS OR HER HEIRS AND NEXT OF KIN FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF INJURY, INCLUDING DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND UNDERSTAND THAT I HAVE GIVEN UP SUSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

PARENT OR GUARDIAN SIGNATURE _____

RELATIONSHIP _____ DATE _____

PRINTED NAME OF PARENT OR GUARDIAN _____