

# QUALITY LIFE CUP SERIES 5K RACES REGISTRATION FORM

**5k Entry Fee (for each race in the series) \$15.00 Advance; \$20.00 Day of Event**

Make Check Payable to:

QUALITY LIFE SERVICES · 612 N. Main Street · Butler, PA 16001

## REGISTER FOR ONE... OR... REGISTER FOR ALL!

<b>Trinity Living Center, Grove City—Tuesday, May 22, 2012</b> 400 Hillcrest Ave., Grove City, PA 16127	7:00 p.m.
<b>Fair Winds Manor, Sarver—Tuesday, June 12, 2012</b> 126 Iron Bridge Road, Sarver, PA 16055	7:00 p.m.
<b>Sugar Creek Rest, Worthington—Tuesday, July 17, 2012</b> 120 Lakeside Drive, Worthington, PA 16262	7:00 p.m.
<b>Countryside of Mercer—Tuesday, August 21, 2012</b> 8221 Lamor Road, Mercer, PA 16137	7:00 p.m.
<b>West Haven Manor, Apollo—Tuesday, Sept. 11, 2012</b> 151 Goodview Drive, Apollo, PA 15613	7:00 p.m.

**Total Races Entered**  
X 15.00

**Total Registration Fee** \_\_\_\_\_

**My additional donation to Don't Stop Dreamin'** \_\_\_\_\_



**[www.5k.QualityLifeServices.com](http://www.5k.QualityLifeServices.com)**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: \_\_\_\_\_ Gender: Male Female Age \_\_\_\_\_

I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release this race series and all organizers, sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I also release any photos or videos that may involve myself. Participant Signature Parent or Guardian:

Signature \_\_\_\_\_ Date \_\_\_\_\_