

SATURDAY APRIL 27, 2013 at 8:00 AM



Regular Registration: \$20
Late or day of event Registration: \$25
Online registration also available at: www.active.com
Complete the Registration and Waiver Release forms and return with your donation by April 1, 2013. This will ensure you receive your T-shirt the day of the event. T-shirts are not guaranteed for late or day of event registrations.

Please make all checks payable to: **David E. Williams PTA**

Mail this form and your check to:
543 Burkes Drive, Coraopolis PA 15108

For more information or to sponsor this event...
Contact: **Michelle Benigni at 412.860.4525**
or via email: dewpta5k@hotmail.com

Registration starts at: **7 am at DEW Cafeteria David E. Williams Middle School, Porters Hollow Rd Coraopolis PA 15108**

Parking available at: **Upper Parking Lot Additional parking available at the Pine Restaurant**

NO SHUTTLE SERVICE IS AVAILABLE

You can pick up your runner packet/race bib at one of these convenient locations:

Thursday April 25th, 6-8pm
Elite Runners & Walkers
Chiodo's Plaza
5992 Stuebenville Pike
McKees Rocks, PA 15136

Friday April 26th, 7-9pm
The Pine Restaurant & Bar
318 Forest Grove Road
Coraopolis, PA 15108
www.thepinerb.com

The 5K race will run through the heart of Kennedy Township and the One Mile Fun Walk will be around the School Grounds. Awards given to top 3 runners per age group per gender. The benefit run/walk will take place come rain or shine!

Feel free to use the Donation/Sponsor form to collect additional donations to turn in the day of the event.

THANK YOU FOR YOUR SUPPORT!

REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: () _____ - _____ E-Mail: _____

Age on April 27, 2013: _____ Gender: _____

5K: _____ or One Mile Walk: _____

T-Shirt Size: S _____ M _____ L _____ XL _____ XXL _____
Adult sizes only.

Extra T-Shirt Size: S _____ M _____ L _____ XL _____ XXL _____
Adult sizes only. Additional T-shirts are available for advance purchase for \$10 each. Please indicate number of extra shirts requested next to size. No exchanges will be available. Adult sizes only.

Total Due: _____

Signature: _____ Date: _____

WAIVER AND RELEASE OF LIABILITY

① In consideration for participating in David E. Williams PTA 5K benefit run and other valuable consideration, I hereby release, waive and discharge David E. Williams PTA, the Montour School District, the Township of Kennedy, its Police Department, its agents and employees, and the Kennedy Township Independent Fire Company, along with the officers, volunteers, agents and employees of all entities, from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by negligence of David E. Williams PTA, the Montour School District, the Township of Kennedy, its Police Department, its agents and employees, and the Kennedy Township Independent Fire Company, the Township of Kennedy, its Police Department, its agents and employees, and the Kennedy Township Independent Fire Company or otherwise, while participating in such event, or while in, on or upon the premises where the event is being conducted or in transportation to and from said premises.

② To the best of my knowledge, I can fully participate in this event. I am fully aware of risks and hazards connected with the event. **I hereby elect to voluntarily participate in said event, and to enter the above-named event and engage in such activity knowing that the activity may be hazardous to me and my property.** I voluntarily accept responsibility for damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an event.

③ I further hereby agree to indemnify and hold harmless David E. Williams PTA, the Montour School District, the Township of Kennedy, its Police Department, its agents and employees, and the Kennedy Township Independent Fire Company from any loss, liability, damage, or cost, due to my participation in said event, whether caused by negligence or otherwise.

④ I understand that neither David E. Williams PTA, the Montour School District, the Township of Kennedy, its Police Department, its agents and employees, and the Kennedy Township Independent Fire Company will be responsible for any medical costs associated with an injury I may sustain.

I acknowledge, affirm, and agree that I have had sufficient opportunity to read this entire WAIVER of my rights, that I understand its content, and that it is legally binding, and that I execute it freely, intelligently, and without duress of any kind and I agree to be bound by its terms.

If participant is under 18 years of age, parent/guardian consent is required. I, as parent or guardian of the minor under 18 years of age referenced here hereby consent to the waiver and release of any and all claims as described in this **RELEASE FORM**.

Date

Participant's Name (Printed)

Signature

Parent's Name (Printed) If Participant Is Under 18 Years Old

Parent's Signature (If Participant Is Under 18 Years Old)

FOR OFFICE USE ONLY

Amount Paid: _____

Check #: _____

Extra T-Shirt(s) (\$10 ea.) _____

Bib #: _____