

5K Run/5K Walk/ /Fun Run – Sunday, June 6, 2010 Race Waiver

I know that participating in a 5K run/walk or fun run is a potentially hazardous activity. I will not enter and participate unless I am medically able and properly trained. I assume all risks from participating in this event and its related activities including, but not limited to: falls; contact with other participants; effects of the weather, including high heat, humidity, precipitation, traffic and the conditions of the road; all such risks being known and appreciated by me. Having read this waiver and release and knowing these facts and in consideration of your accepting my entry fee and participation, I, for myself and anyone entitled to act on my behalf, waive and release Abington Health Foundation, Abington Health Abington Memorial Hospital, Lansdale Hospital, race officials, volunteers, sponsors and their respective affiliates, subsidiaries, principals, directors, agents, officers, employees or contractors of and from all claims, liabilities or causes of action of any kind arising out of my participation in this event or its related activities which I or my successors, assigns or heirs may ever have now or in the future against any of them. This release and waiver extends to all claims of every kind and nature whatsoever. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any lawful purpose. Applications for minors will be accepted only with a parent's signature and all children participating in the 5K race under the age of 15 must be accompanied by an adult during the entire race.

REGISTRATION FOR 5K RACE: RUNNER OR WALKER - \$20 DAY OF RACE - \$25

Name _____

Address _____ City: _____ State: _____ Zip: _____

Telephone () _____ Date of Birth: _____ Email: _____

Race (check one): RUN WALK MALE FEMALE Age on Race Day _____

Waiver...Signature: _____

(signature of parent or guardian if under 18)

ONLINE REGISTRATION AVAILABLE AT www.amh.org/runwalk BY JUNE 2, 2010

REGISTRATION FOR FUN RUN - \$6.00

(Must be 10 years of age or under)

Name _____

Address _____ City: _____ State: _____ Zip: _____

Telephone () _____ Date of Birth: _____ Age on Race Day: _____

Waiver signature (parent or guardian only): _____

This application may be photocopied if necessary.

ENTRY FEE(S): Individual Walker or Runner - \$20 Day of Race - \$25
Fun Run -\$6.00

PLEASE MAKE ALL CHECKS PAYABLE TO: AHF-Women's Board

MAIL TO: Abington Memorial Hospital
Women's Board
1200 Old York Road
Abington, PA 19001

Postmarked before **Wednesday, June 2, 2010.**

FOR MORE INFORMATION: (215) 481-2500 or EMAIL: jphillips@amh.org