

BIB NUMBER _____

CHALFONT CHALLENGE 5K RACE DAY APPLICATION

Saturday, June 1, 2019

5K RACE - \$35 (\$30 by May 24th)

MAKE CHECKS PAYABLE TO CHALFONT BOROUGH

PLEASE PRINT CLEARLY!

LAST NAME _____ FIRST NAME _____

AGE ON 6/16/19 _____ SEX _____ (M/F)

STREET ADDRESS _____

CITY _____

STATE _____ ZIPCODE _____

E-MAIL ADDRESS _____

CELL PHONE (for results TEXT) _____

Liability Release Waiver

Waiver: In consideration of my signature, I hereby, for myself, my heirs and administrators, assume any and all risks which might be associated with the run. I waive and release any and all rights and claims for damages which I may have against the organizers, the sponsors and any others connected with this event, their representatives, successors, and assigns for any and all injuries or damage of any kind, whatsoever suffered by me as a result of participating in the run and any related activities. I attest and verify that I am physically fit and sufficiently trained for the completion of the event. I hereby grant full permission to use any photos, video tapes, motion pictures or other recordings of this event for any legitimate purpose.

Name: _____ **Signature:** _____
Please Print

(If under 18, parent/legal guardian must sign)

SHIRT SIZE NEEDED: _____