



2016 Lampeter-Strasburg YMCA Fall Fest 5K Registration Form

One registration form per race participant.

First name: _____

Last name: _____

Gender (please circle): Male Female

Date of birth (M/D/YYYY): _____

Email address: _____

Day phone: _____

Address: _____

City: _____

State: _____ ZIP code: _____

Emergency contact name: _____

Emergency contact phone: _____

Registration Fees:

Please make checks payable to: Lancaster Family YMCA.

Please write Fall Fest in memo line.

_____ Students (under 18) - race shirt **not** included \$10

_____ Students (under 18) - includes race shirt \$15

_____ Adults - includes race shirt \$30

Shirt Size (please circle one):

Small

Medium

Large

Extra Large

***YOU MUST SIGN THE RELEASE AND WAIVER OF LIABILITY ON
THE REVERSE SIDE TO COMPLETE YOUR REGISTRATION.***

2016 Lampeter-Strasburg YMCA Fall Fest Release and Waiver of Liability

Release and Waiver of Liability: You (or your child) have registered for the **2016 Lampeter-Strasburg YMCA Fall Fest**, which involves physical activity; completion of this form is required. This document is a release of claims, and by signing it you do the following: 1. Acknowledge that when performing any physical component of this program, you (or your child) may suffer from injury. You understand that participation involves risks and dangers which include, without limitation, the potential for serious bodily injury, sickness and disease, permanent disability, paralysis and loss of life; loss of or damage to equipment/property; exposure to extreme conditions and circumstances; accidents, contact or collision with other participants, spectators, vehicles or other natural or manmade objects; dangers arising from adverse weather conditions; imperfect course conditions; road and surface hazards; equipment failure; inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the Event Organizers; and other undefined risks and dangers which may not be readily foreseeable or are presently unknown ("Risks"). You understand that these Risks may be caused in whole or in part by your actions or inactions (or those of your child), the actions or inactions of others participating in the Event, or the acts, inaction or negligence of the Released Parties defined below, and you hereby expressly assume all such Risks and responsibility for any damages, liabilities, losses or expenses which you incur as a result of your (or your child's) participation in the Event. 2. Present to the Event Organizers, which include the Lancaster Family YMCA, you (or your child) are in good health and physical condition, sufficient to engage in such activities and that you (or your child) are not suffering from any condition that would prevent you (or your child) from engaging in such activities or that make participation in such activities potentially dangerous or harmful. 3. Assume the risk of, and release the Lancaster Family YMCA and its associates harmless from any liability for physical or other injury that has been suffered by yourself (or your child) during, or as a consequence of, participation in the physical activities required in the curriculum of this course and you agree that the Lancaster Family YMCA, nor any other person involved in organizing or teaching in this program, shall have any liability or responsibility for any injury or harm. 4. You authorize the Event Organizers to photograph or video tape you (or your child) and understand that all photos and video footage are property of the Event Organizers and could be used for publicity purposes. 5. You understand and agree that the Event Organizers will not issue credits, refunds, or deferrals of fees paid for the **2016 Lampeter-Strasburg YMCA Fall Fest** any reason.

If the runner is 18 years or older, he or she may sign the waiver. If the runner is 17 years old or younger, a parent or legal guardian must sign the waiver.

_____ (Please check.) I agree to the waiver shown above.

I am _____ the runner OR _____ I am the runner's parent/guardian.

Your date of birth: MM _____ DD _____ YYYY _____

I have read, understood, and affirm that I am (or my child is) in good health and physical condition and I am signing this of my own free will. I agree to all of the foregoing.

Signature _____ Date _____

BY INDICATING YOUR ACCEPTANCE OF THIS AGREEMENT AND WAIVER, YOU ARE AFFIRMING THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT AND WAIVER AND FULLY UNDERSTAND ITS TERMS. YOU UNDERSTAND THAT YOU ARE GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. YOU ACKNOWLEDGE THAT YOU ARE SIGNING THE AGREEMENT AND WAIVER FREELY AND VOLUNTARILY, AND INTEND BY YOUR ACCEPTANCE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.