

## Knock Out Pain Registration



Date: September 17, 2017

Time: 9:00 A.M.

Where: Louise Moore Park, Easton PA 18045

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

**Event:**

		<i>Now</i>	<i>Day Of</i>		
Run/Walk 5k	<input type="checkbox"/>	\$25.00	\$35.00	Check No./Cash	_____
1 Mile	<input type="checkbox"/>	\$20.00	\$30.00	Check No./Cash	_____
CRPS/RSD Warrior	<input type="checkbox"/>	\$5.00	\$5.00	Check No./Cash	_____
General Donation	<input type="checkbox"/>	_____		Check No./Cash	_____

DATE: \_\_\_\_\_

**Mail completed registrations and checks to:**  
**Knock Out Pain 5k**  
**C/O Sarah O'Steen**  
**1519 Maumee Ave ° Allentown, PA 18103**  
*Questions? Email us at [knockoutpainlv@gmail.com](mailto:knockoutpainlv@gmail.com)*

**Knock Out Pain 5K and 1 Mile Family Roll & Stroll Waiver**

I know that participation in RSDSA events is a potentially hazardous activity. I agree not to enter and participate unless I am medically able and properly trained. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I am voluntarily entering and assume all risks associated with participating in the event, including, but not limited to, falls, contact with other participants, spectators or others, the effect of the weather, including heat and/or humidity, traffic and the conditions of the course, all such risks being known and appreciated by me. I grant to the Medical Director of this event and his designee access to my medical records and physicians, as well as other information, relating to my medical care that may be administered to me as a result of my participation in this event. Having read this Waiver and knowing these facts, and in consideration of your acceptance of this application, I, for myself and anyone entitled to act on my behalf, waive and release, the Reflex Sympathetic Dystrophy Syndrome Association, Louise Moore Park, and the town of Easton, PA, and its agencies and departments. I grant permissions to the foregoing persons and entities to use or authorize others to use any photographs, motions pictures, recordings, or any other record of my participation in this event or related activities for any legitimate purpose without remuneration.

I also understand the sponsors and vendors are provided for informational purposes only. We advise you to conduct your own research regarding any individual or organization before seeking any form of medical advice.

Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

Signature of Participant: \_\_\_\_\_  
Parent or Guardian if Under 18 Years Old