



INDIVIDUAL OR TEAM REGISTRATION FORM

www.rip5k.org

SATURDAY, OCTOBER 7TH AT 5PM

Organized by the Friends of Laurel Hill Cemetery, the Rest In Peace 5K is a unique and challenging run through Laurel Hill Cemetery, a National Historic Landmark. Don't let the beautiful scenery fool you; the course is packed with plenty of hills, twists and turns! Compete solo or with a team as you run past undead course directors and mile markers!

RACE STARTS AT: 3822 RIDGE AVENUE, PHILADELPHIA, PA 19132

MAIL FORMS TO: FRIENDS OF LAUREL HILL CEMETERY, 3822 RIDGE AVENUE, PHILADELPHIA, PA 19132
TO REGISTER ONLINE, VISIT www.rip5k.org

REGISTRATION INFORMATION (*ALL INFORMATION IS REQUIRED)

Kids (\$15.00)
Ages 8-12

Teens (\$20.00)
Ages 13-19

Adults (\$35.00)
Ages 20+

Team 5+ Participants
(\$30.00)

Would you like to join or create a team? JOIN CREATE

Name of Team _____

Name of Registrant _____

Email _____

Address _____

City, State, and Zip _____

Phone Number _____

Date of Birth (xx/xx/xxxx) _____ Gender Male Female

Age Division Kids 8-12 Teens 13-19 Adults 20-35 Masters 36-49 Grand Master 50+

T-Shirt Size Youth Small Youth Medium Youth Large Youth XL
 Small Medium Large X-Large 2 X-Large

PAYMENT INFORMATION

Check enclosed (Make payable to Friends of Laurel Hill Cemetery)

Credit Card (All major credit cards accepted)

Name on Card _____

Card # _____

Expiration Date _____ Security Code # _____

Billing Zip Code _____ Signature _____

I'D LIKE TO ADD A DONATION
TO MY ORDER (optional) \$ _____

TERMS (Check box and sign) I have read and agree to the terms below _____

****WAIVER****, the undersigned, as a participant in the Rest in Peace 5K, waive any and all claims which I and my heirs or assigns may now or hereafter have against the Friends of Laurel Hill Cemetery and all individuals associated with the organization in a professional capacity, which may indirectly or directly result from my participation in this event. I further warrant and represent that I am in the proper physical condition to participate in the Rest in Peace 5K and am not participating in this event against a physician's advice nor am I taking any medications that would impair my health or ability to participate.

IF THE PARTICIPANT IS UNDER AGE 18: The parent/guardian signing below certifies that their son/daughter has permission to participate in the Rest in Peace 5K. The parent/guardian certifies they have read the forgoing RELEASE AND WAIVER OF LIABILITY AGREEMENT and, by accepting the waiver intentionally and voluntarily, agree to its terms and conditions. The parent/guardian further certifies that their son/daughter is in good physical condition and is able to safely participate in the Rest in Peace 5K.

If I am under 18 years of age, I understand that PARTICIPATION WILL BE DENIED, if the signature of an adult participant or parent/guardian are not provided on a paper waiver by the date of the race.

I also understand that all funds are for charitable contribution and are non-refundable. I understand that in the event I cannot attend the race I may transfer my registration to another person or have my registration fee counted as a tax-deductible donation.

When registering online, my online signature shall substitute for and have the same legal effect as an original form signature.