



# INDIVIDUAL OR TEAM REGISTRATION FORM

[www.rip5k.org](http://www.rip5k.org)

**SATURDAY, OCTOBER 6TH 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](http://www.rip5k.org)**

## REGISTRATION INFORMATION (\*ALL INFORMATION IS REQUIRED)

Kids (\$15.00)  
Ages 8-12

Teens (\$20.00)  
Ages 13-19

Adults (\$40.00)  
Ages 20+

Team 5+ Participants  
(\$35.00)

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.