

**Special
Olympics**
Pennsylvania



**4th ANNUAL
TIOGA COUNTY Special Olympics 5K RACE**

WHEN: Saturday, April 6, 2019
Race Time: 9:00 am
Registration: 7:45-8:45 am

WHERE: Packer Park, Wellsboro, Pa 16901

WHY: Support for year-round sports training and competition for local Special Olympics athletes.

ENTRY FEE: \$20.00 on or before March 31, 2019 \$25.00 on Race Day
(Please write checks to: Tioga County Special Olympics)

PARKING: Parking available in the Laurel Health Center lot across from Packer Park

COURSE: The 3.1 mile course loops through the back streets of Wellsboro, starting and ending at Packer Park. The course consists of pavement, except for the start/finish area which is grass.

AWARDS: Awards to overall male and female finishers. Medals awarded to 1st, 2nd, and 3rd in each age division. T-shirts for race day registrants are "first come, first served", while supplies last!

INDIVIDUAL MALE & FEMALE AGE CATEGORIES:

12 and under 13-17 18-22 23-29 30-39 40-49 50-59 60-69 70 and over

ENTRY FORM

Mail to:
Tioga County Special Olympics
c/o Sue Sticklin
33 Pearl Street
Wellsboro, Pa 16901
sticklin5@yahoo.com

NAME: _____

ADDRESS: _____

PHONE: _____ Age: _____ Gender: _____

EMAIL: _____

T-SHIRT SIZE (Please circle) S M L XL XXL

WAIVER, INDEMNITY AND RELEASE FORM OF LIABILITY ON BACK MUST BE SIGNED TO PARTICIPATE.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND PARENTAL CONSENT

AGREEMENT ("AGREEMENT")

In consideration of participating in the Special Olympics 5K, I represent that I understand the nature of running/walking events and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which traffic hazards are to be expected. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

I fully understand that running/walking events involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity.

I hereby release, discharge, and covenant not to sue Special Olympics Pennsylvania, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant

Signature of Participant (only if age 18+)

Signature of Parent/Legal Guardian
(If participant under age 18)

Date: _____