



15 Day Street, East Stroudsburg, PA 18301

Call 570-426-1512 Fax 570-426-1839 Visit www.srosrc.org

Levee Loop Trail Race & Fitness Walk Saturday, June 2, 2018

Participant Information

Last Name _____ First Name _____ Age on race day _____
 Home Address _____ City _____ State _____ Zip _____
 Municipality East Stroudsburg Borough ___ Stroudsburg Borough ___ Stroud Township ___ Other ___
 Gender Male ___ Female ___ T-shirt size: __YS __YM __YL __AS __AM __AL __AXL

Parent or Guardian Information

Last Name _____ First Name _____
 Home Phone _____ Cell Phone _____
 Email _____

Event: Race ___ Walk ___ **Non-Refundable Entry** \$20/person _____ \$25/person _____
 by May 25th By May 26th-race day

Notice of Risk and Liability Release

I know that running/walking a trail race is a potentially hazardous activity. I should not enter unless I am medically able to do so and properly trained. I assume all risks associated with this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in a trail race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

By submitting this entry, I acknowledge (or a parent or adult guardian for all Participants under 18 years) having read and agreed to the above release and waiver.

I HAVE READ AND UNDERSTAND THE AUTHORIZATIONS and NOTICE OF RISK AND LIABILITY RELEASE

Signature _____ Date _____

Signature of Parent /Guardian if Participant under 18 _____ Date _____

For Office Use Only:

Date Received	Amount Received	Fee Paid	Cash, Check or Credit Card	Employee Initials