

# BOO! RUN, RUN 5K and Fun Run October 28th, 2017

## Joyful Noise Preschool of Zion Lutheran Church 2215 Brandywine Ln, 17404

### 5K Registration Information

- Advanced registration (postmarked by Oct. 11th)- \$25 and guaranteed race t-shirt
- Late registration (postmarked after Oct. 11th) - \$30 and a race t-shirt while they last
- Race Day registration - \$30

- Age group awards as well as overall male and female (for 5K Runners ONLY)

5-10, 11-14, 15-19, 20-29, 30-39, 40-49, 50-59, 60+

- Team registration (5 or more runners) - \$20/runner; \$25/runner after Oct 11<sup>th</sup>

**(Registrations must be bundled together and postmarked by Oct. 11th)**

CLIP TIMING FOR 5K RUNNERS

### Kids Fun Run (ages 3 and up) Registration Information

- Advanced registration per child - (postmarked by Oct. 11th) \$10, includes race shirt
- Late registration (postmarked after Oct. 11th) and Race Day \$5, does not include shirt
- A limited quantity of race t-shirts will be available for sale the day of event for \$10

### Child Care during race for registered runners

**Child care registration form on page 2, must accompany 5K registration.**

- Children ages 2 to 10, must be potty-trained
- Advanced registration for childcare \$3.00/child, late registration \$4.00/child
- No day of race registration for childcare
- Child care must be paid for separately from race registration

**RACE DAY REGISTRATION: 7:30**

**RACE DAY CHECK IN 8:00**

**Fun Run will start PROMPTLY at 8:00 am with 5K to follow at 9:00 am**

~THE START AND FINISH OF THE 5K WILL BE FROM THE DRIVEWAY OF ZION LUTHERAN CHURCH~

FOR MORE INFORMATION CONTACT DAVE BROSEND AT [dkbro10@yahoo.com](mailto:dkbro10@yahoo.com) or visit [www.yorkboorunrun.com/home](http://www.yorkboorunrun.com/home)

**Please make all checks payable to Zion Lutheran Church** or Register Online: [Boo Run Run Online Registration](#)

5K Runner

5K Walker

Kids Fun Run

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Race Day Age: \_\_\_\_\_

Sex: Male Female

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

T-Shirt: Youth: S M L Adult: S M L XL XXL *please circle*

I am participating: 5K or Fun Run, waiver of responsibility: I know that running a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I also know that there may be traffic on the course and assume the risk of running in traffic. I also assume any and all other risks associated with running or attending the race including but not limited to falls, contact with other participants, the affects of weather, and the condition of the roads, all such risks being know and appreciated by me. Knowing these facts, and in consideration of your accepting my entry fee, I hereby for myself, my heirs, executors, administrators, or anyone else whom might claim on my behalf, covenant not to sue, and waive, release, and discharge Zion's Joyful Noise Preschool, Zion Lutheran Church, all municipalities in which the race is held, the race committee, volunteers, any and all sponsors including their agents, employees, assigns, or anyone acting on their behalf, or anyone else associated in any way with the race, from any or all claims or liability for death, personal injury, or property damage of any kind of nature what so ever arising out of, or in the course of, my participation in the event(s). This waiver extends to all claims of every kind of nature what so ever, foreseen or unforeseen, known or unknown. I also hereby give my permission to the media and Joyful Noise Preschool to use my name and/or picture in any newspaper, broadcast, telecast, or any other account of this event, without limitation, and without obligation to anyone to compensate me.

I HAVE READ AND UNDERSTAND THIS WAIVER (if under 18 years old, legal guardian must sign).

Applicant Signature: \_\_\_\_\_

Signature of Parent/Guardian if Participant is Under 18 Years of Age:

Office Use Only: Race #: \_\_\_\_\_ Class: \_\_\_\_\_

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### CHILDCARE REGISTRATION

Children may be checked in to childcare facilities, located in Fellowship Hall of Zion Lutheran Church, between 8:15 and 8:55. No child under the age of two will be admitted. All children must be registered by October 27, 2017. All payments (separate check), payable to Zion Lutheran Church, must be received by October 27, 2017. All children must be picked up by completion of race or an additional \$25.00/ per child charge will incur. Release of children will take place in Fellowship Hall and ticket identification must be presented.

Joyful Noise Preschool facilities are well child-proofed and the children are consistently well supervised. However, accidents do happen. The undersigned(s) assume(s) all risk of injury or harm to the child associated with participation in the childcare and agree(s) to release, indemnify, defend and forever discharge Joyful Noise Preschool, Zion Lutheran Church and all bodies representing the same, from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child, or by the child, howsoever caused, arising or to arise by reason of or during the child's participation in the childcare during the 5K race on October 28, 2017.

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child hereby consent to the participation by the child in all child care activities conducted and to the participation of the child in all events related to said activities. The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Joyful Noise Preschool to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution, employ any physicians, dentists, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical, or dental care to the child. Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, and performance of operations, diagnostic and other procedures. The undersigned(s) hereby further authorize(s) emergency transportation by either Joyful Noise Preschool personnel or if necessary by ambulance or other emergency vehicle.

If there is no medical emergency, the day care staff will first use reasonable efforts to contact the parent(s) and /or guardian(s) before administering or authorizing any treatment. Notwithstanding other provisions in this consent form, Joyful Noise Preschool and agents representing said, shall not have the authority to withhold or withdraw life-sustaining procedures for the child.

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Contact # \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Know allergies/medical problems \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Parent/Guardian (print name) \_\_\_\_\_

First name

Last Name

Medical Insurance: Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Primary Care Provider \_\_\_\_\_

CONTACT NUMBER DURING RACE \_\_\_\_\_

Office use:

Ticket # \_\_\_\_\_