

AACC 5K Run/Walk

June 21, 2014 9:00 AM Lower Merion High School's Track
Registration Form

One registration form is required per participant.
You can also register online at <http://www.aaccnow.org>

I plan to: _____Run _____Walk

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Date of Birth ____/____/____ Gender _____

Payment

_____Adult Pre-registration until 5/1/2014	\$25.00
_____Youth Pre-registration until 5/1/2014 17& Under	\$15.00
_____Adult Registration from 5/1 - through Race Day	\$30.00
_____Youth Registration 17 & Under	\$20.00

Sub-Total _____

My Personal Donation to help Jameer Williams _____

Total _____

_____Enclosed is my check for \$_____ payable to the **Ardmore Avenue Community Center**

Waiver: I hereby declare, assert and affirm that participation in Ardmore Avenue Community Center 5K Run/Walk is done having voluntarily and knowing assumed ALL RISKS involved in this Special Event. The immediate physical risks and hazards associated with normal, vigorous physical activity include (but are not limited to) physical discomfort, fatigue, muscular soreness, falls, pulled or strained muscles, overuse injuries, heat stress, and the rare instance of abnormal responses of the cardio-respiratory system including heart arrhythmia, heart attack, stroke, and sudden death. In consideration of acceptance of this contract allowing my participation in the above stated Special Event and intending to be legally bound thereby, I hereby for myself, my heirs, executors, administrators and assigns, WAIVE AND RELEASE any and all rights and claims for negligence, injuries, damages or losses that I may incur against the Ardmore Avenue Community Center.

I, the undersigned parent/child participant, hereby release the Ardmore Avenue Community Center and the Township of Lower Merion, its officers, agents, employees, sponsors, organizers, and all leaders assigned by them from all liability for any damage and injury to any person or thing in connection with the above application. Furthermore, I hereby agree to refrain from bringing suit against any of the above named on my own behalf or on behalf of my son or daughter (named above) as a result of any damages or injuries to any person or thing that occurred in connection with the above application.

Print Name _____ Date _____

Signature _____ Parent/Legal Guardian must sign if participant is under the age of 18

For questions please **contact Crystal L Galloway – PHN: 610-896-7256**

Send your completed form to: Ardmore Avenue Community Center 122 Ardmore Avenue – Po Box 324 – Ardmore, Pa 19003