



# ASBURY WOODS RIDGE RUN / WALK - July 30, 2011

## Entry Form and Waiver

Thank you for registering! Please complete and sign one entry form and waiver for each participant. Then mail with check payable to Asbury Woods Partnership, Inc., 4105 Asbury Road, Erie PA. 16506. (814) 835-5356. Additional forms and information available at [www.asburywoods.org](http://www.asburywoods.org). The Ridge Run will be held at Asbury Woods' Brown's Farm, 5774 Sterrettania Road in Millcreek.

**Pre-registration Deadline:**  
**Friday, July 23, 2011**

**Fees:**

Pre-registration Fees: \$20 all ages

Day of Event Entry Fees: \$25 all ages

I am registering for the:  5K Run Run begins at 9am  1 Mile Fun Walk / Run Fun Walk /Run begins at 10am

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Sex:  Male  Female

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age on Race Day \_\_\_\_\_

T-shirt size (*T-shirts are not guaranteed for those who register after July 23, 2011.*)

Please circle one: **Adult** S, M, L, XL, XXL **Child** S M L  I do not want a T-shirt. Please donate my T-shirt cost to support Asbury Woods' trails & programs.

I would like to order extra T-shirts at \$10 per shirt:  
# of shirts \_\_\_\_\_ Size(s) \_\_\_\_\_ **Total amount enclosed:** \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone: \_\_\_\_\_

Relevant medical condition(s) \_\_\_\_\_

**Waiver/Release from Injury Claims/Participant Agreement:**

On behalf of myself and any of my minor children listed below as applicants for whom I have the authority to sign this Release, I give permission to attend and participate in the Asbury Woods 5K Trail Run/Walk. I hereby release and discharge the Asbury Woods Partnership, Millcreek Township School District, their agents, employees, staff members, directors, officers and volunteers from any claims, responsibilities, damages or liabilities for any injuries or harm incurred as a result of or in any way related to my participation and/or my child's participation in Asbury Woods 5K Trail Run/Walk.

I agree to abide by all the rules for participation. I understand the risks for such a run/walk and I/and or my child have trained adequately in preparation. I understand that unregistered runners, running with dogs, strollers, bicycles and the wearing of headphones are prohibited on the racecourse at any time. I further understand there are no refunds for cancellations within one week of the Trail Walk/Run. I authorize the Asbury Woods Partnership and Millcreek Township School District to publish photographs taken of me or my child during this event for use in Asbury Woods Nature Center printed publications and/or website.

\_\_\_\_\_  
Signed: Adult Participant **Print Name** \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signed: Parent or Guardian of Minor Children **Print Name** \_\_\_\_\_ Date: \_\_\_\_\_

*For internal use only:*

Total Paid \_\_\_\_\_ Date Received \_\_\_\_\_ Method of Payment:  Cash  Credit Card Check # \_\_\_\_\_