



MT. PISGAH STATE & COUNTY PARKS

2016 Registration Form

Form must be received by *April 10, 2016* to guarantee a (gender specific) shirt!

Make checks payable to John Johnson (RD) and note "CWC" on the check.

Mail to John Johnson, 3838 Ulster Rd., Ulster, PA 18850

Race day - May 15, 2016 at Mt. Pisgah State Park

7 Mile Race (\$25 pre-registration, \$30 day of, if available)

Half Marathon (ish) Race (\$45 pre-registration, \$50 day of, if available)

****Family discount (3 or more) please take \$5.00 off of each entry fee****

If you do not want a shirt, please deduct \$5.00 off of your entry fee

Name: _____ M [] F []

Address: _____

City: _____ State: _____ Zip: _____

Age on Race Day: _____ Phone or email: _____

Shirt size: __ F S __ F M __ F L __ F XL __ F XXL __ M S __ M M __ M L __ M XL __ M XXL

If registering as a family (3 or more) please include the following:

Name: _____ M [] F [] Age: _____ 7 Half

Shirt size: __ F S __ F M __ F L __ F XL __ F XXL __ M S __ M M __ M L __ M XL __ M XXL

Name: _____ M [] F [] Age: _____ 7 Half

Shirt size: __ F S __ F M __ F L __ F XL __ F XXL __ M S __ M M __ M L __ M XL __ M XXL

Name: _____ M [] F [] Age: _____ 7 Half

Shirt size: __ F S __ F M __ F L __ F XL __ F XXL __ M S __ M M __ M L __ M XL __ M XXL

Waiver: I know that participation in a running event of this type is a potentially hazardous activity. I should not enter and run unless I am medically able and have trained properly. I agree to abide by any decision of a race official relative to my ability to safely complete the event. I assume all risks associated with running this event, including, but not limited to, falls, contact with other participants, the effects of weather and conditions of the course, all such risks being known and understood by me, having read this waiver and knowing these facts in consideration of accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release race directors, volunteers, Mt. Pisgah State and County Parks, sponsors and any agencies and municipalities, their representatives, successors for all claims and liability of any kind arising out of my participation in this event.

Signature: _____ Date: _____

Signature of Guardian (if under 18) _____