



JAKE DARREFF LEGACY RUN INC.

P.O. Box 282 Jamison, Pa 18929 215-672-1552

Web Site: www.jakelegacyrun.org

LAST NAME _____ FIRST NAME _____

Please circle shirt size - YM, YL, AS, AM, AL, AXL

Male or Female _____ Age on Race Day _____

Address _____ Phone Number _____

_____ Email _____

CHECK ONE ___ FUN RUN ___ 5K
Additional Donation: _____
Total Amount Due: _____

Early Registration Fees - Before Sept 21, 2009

5K Race: \$17.00
1 mile Fun Run Race: \$10.00 (children 12 and under)
1 mile Fun Run Race: \$12.00 (Adults)

Race day Fees (after Sept 21, 2009)

5K Race: \$20.00
1 mile Fun Run Race: \$10.00 (children 12 and under)
1 mile Fun Run Race: \$15.00 (Adults)

Make checks payable to: Jake Darreff Legacy Run

Send registration form and check to:

Jake Darreff Legacy Run
PO Box 282
Jamison, Pa 18929

WAIVER: I know that walking or running a race is a potentially hazardous activity. I should not enter and walk or run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the course. I assume all risks associated with running and walking in this event, including but not limited to falls, contact with other participants, the effects of the weather, including low temperature or wind chill, traffic and conditions of the course. All such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors, and administrators, waive any and all claims I may have for damages against the state of Pennsylvania, Warwick Township, and/or any individuals associated with the organization of this event, their representatives and successors, and assignees for any and all injuries suffered by me in connection with this event including pre and post race activities. I hereby grant permission to the organizers of the Jake Darreff Legacy Race Inc. and their authorized agents to use my name, photographs, videotapes, motion pictures in connection with this event, including any other record of my participation in this event.

There will be a \$20 fee for all return checks. Sorry no refunds.

Signature: _____ Date: _____