



ANNUAL SHARPSVILLE 5K WALK/RUN for AUTISM

WHO WILL YOU WALK FOR?





Event Date: April 27, 2019

Registration Begins @ 7:30AM

Race Starts @ 9:00AM

Event Address: 301 Blue Devil Way, Sharpsville, PA 16150

Contact us at (724) 962-8300 Ext: 4110 or tdadich@sasdpride.org

LAST NAME				FIRST NAME			
EMAIL							
PHONE NUMBER							
AGE GROUP	0-7	8-12	13-17	18-25	26-39	40-59	60+
SHIRT SIZE Circle One ore or add "Other"	YOUTH SIZES			ADULT SIZES			
	Small	Medium	Large	Small	Medium	Large	XL XXL
	OTHER:			OTHER:			
WALK OR RUN			TEAM NAME IF APPLICABLE				
FRONT DESIGN				BACK DESIGN			
							

Individual Fee for ages 13 and older will be \$25.00, and includes a t-shirt

Individual Fee for ages 12 and under will be \$15.00, and includes a t-shirt

Team Fee for ages 13 and older will be \$22.00, and includes a t-shirt (must have 10 people)

*Team Fee for ages 12 and under will be \$15.00, and includes a t-shirt (must have 10 people)

All checks should be made out to Sharpsville Area HS LEAD Team and mailed with this form to:

Sharpsville Area High School
Attn: Tim Dadich
301 Blue Devil Way
Sharpsville, PA 1615

**PLEASE REVIEW AND SIGN THE
RELEASE ON THE BACK OF THIS FORM**



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ALL PARTICIPANTS MUST SIGN.

I know that running a road race is a hazardous activity which could cause injury or death. I should not run unless I am medically able, and by my signature, I certify that I am medically able to perform this event and am in good health. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, effects of weather, and traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Sharpsville Area School District, the city of Sharpsville, the Autisms Speaks Organization, and all their sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use my photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Name: _____

Signature: _____

Parent or Guardian must sign for participants under 18 years of age

Date: _____