

Registration Form

Kathryn M. Freeman Race for Ovarian Cancer

Half Marathon and Almost a Quarter Marathon

<http://kmfraceforovariancancer.com/>

Saturday, October 31, 2015, 11:00 AM

South Williamsport Community Park

545 E Central Avenue

South Williamsport, PA 17702

PLEASE NOTE THAT ONLINE REGISTRATION FEES ARE MUCH LESS THAN REGISTERING WITH THIS PAPER REGISTRATION FORM. WE ARE TRYING TO ENCOURAGE ONLINE REGISTRATION BECAUSE MANY OF THE FORMS WE RECEIVE ARE INCOMPLETE OR BARELY LEGIBLE AND THESE FORMS REQUIRE MANUAL DATA ENTRY. ALSO, IF YOU REGISTER ONLINE, YOU CAN CREATE A FUNDRAISING PAGE. THAT BEING SAID, IF YOU WOULD LIKE TO CONTINUE WITH THIS FORM, PLEASE EITHER TYPE OR PRINT AS LEGIBLY AS POSSIBLE.

Event (*check event you are participating in*): Half Marathon (13.1 miles) Almost a Quarter Marathon (around 6 miles – run or walk)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Tel: _____ Email: _____ Sex: Male Female

Date of Birth: _____ Age on Race Day _____ T-Shirt Size (*shirts are unisex*): S M L XL

Are you an Ovarian Cancer Survivor: yes no

Are you running or walking in memory or in honor of a loved one affected by ovarian cancer yes no

Name of the loved one you're running or walking in memory or in honor of: _____

Where did you hear about the race: _____

Amount enclosed (see below): _____

Emergency Contact Name: _____ Emergency Contact Tel. #: _____

Paper Registration/Fees

Half Marathon: \$65

Almost a Quarter Marathon: \$40

REGISTRATION DEADLINE OCTOBER 15 - Paper registration forms must be postmarked by October 10

No Race Day Registration - No Refunds

No cash or credit card information accepted. (*If you want to register w/ a credit card, visit <http://kmfraceforovariancancer.com/>*)

**Please send this form along with your check made payable to KMF Race for Ovarian Cancer to:
Three Springs Farm, 2026 Bloomingrove Road, Williamsport, PA 17701**

Race Agreement

By signing below, you understand and agree to the following:

I know that running/walking a road race is a potentially hazardous activity. I should not enter and participate 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 run. I assume all risks associated with participating in this event including but not limited to falls, contact with other participants, the effect of weather (including wind, rain, and snow), traffic, and conditions of the road, in consideration of your accepting my entry. I for myself and anyone entitled to act on my behalf, waive, release, discharge, covenant not to sue, indemnify and hold harmless the race organizers, the City of Williamsport, Loyalsock Twp., the Borough of South Williamsport, USA Track and Field, and all sponsors, officials, and volunteers from and against all actions, suits, liabilities, claims, demands, costs (including legal fees and expenses) or damages arising out of my participation in this event, whether the result of negligence of any of the forgoing parties or otherwise. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature: _____
(Participant's signature or guardian's signature if runner is under age 18)

_____ Date