

RACE FOR A CAUSE 5K Run or Fun Walk

Free T-Shirt To The First 100
Registered Participants While Sizes Last.



Saturday, April 26
9 AM
**Luzerne County
Community College**

**First Place Awards
For Men & Women
In The 5K Run**
Seven Age Group Awards

Registration Fee: \$15
Mail Registration or Sign-Up Day of Event

For more information and/or to register, call:
570-740-0237 or e-mail: mcosta@luzerne.edu



Sponsored by the LCCC Health, Physical
Education & Exercise Science Department

2014 REGISTRATION FORM

• **Registration begins at 8 a.m. in the Gymnasium (Building 8).**

Awards will be given to the first overall male and female in the 5K Run. Awards will also be given to the top three finishers in the following age groups for both males and females in the 5K Run: 19 and under, 20-29, 30-39, 40-49, 50-59, 60-69 and 70 and over.

- Registration is \$15.00 per person. Proceeds benefit local charities.
Make checks/money orders payable to LCCC Physical Education Dept.
- Free T-shirt to the first 100 registered participants while sizes last.

Direct questions to:

**Ed Gurtis, Chairman, Health, Physical Ed. & Exercise Science Dept.,
or Miranda Costa, Race Director**

**Return registraton form to: Miranda Costa
Luzerne County Community College
1333 S. Prospect Street, Nanticoke, PA 18634
Call: 570-740-0237 or email: mcosta@luzerne.edu**

Waiver: I know that running is a potentially hazardous activity. I should not enter and run a race unless I am medically able and properly trained to do so. I also know that there will be hazards, debris and poor footing on the course and assume the risk of running on it. I also assume any and/or all other risks associated with running or attending the race, including, but not limited to falls, contact with other participants, the effects of the weather, getting lost, wildlife, and insects and all such risks being known and appreciated by me. Knowing these facts, and in consideration of you accepting my entrance fee, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, shall not hold Luzerne County Community College, its students, faculty, directors, officers, employees, representatives, and agents liable from any loss, claim, injury, or damage sustained by me.

**BY SIGNING THIS REGISTRATION FORM, I ATTEST
THAT I HAVE READ AND UNDERSTAND THIS WAIVER.**

Please: One Name Per Registration Form.

Name _____ Age _____

Circle: M F • Event: 5K Run 5K Fun Walk • Shirt: S M L XL 2XL

Address _____

Email _____

Signature _____

Parent signature if under eighteen _____