



REGISTRATION FORM

Name_____ Age_____ Gender_____

Address_____

City_____ State_____ Zip Code_____

Phone (_____)_____

- ☐ Runner ☐ Walker
☐ Armed Services Member (Active or Veteran)
T-SHIRT ☐

Waiver

By signing this waiver, I hereby certify that I have adequately trained for this event. I understand that running this race is potentially hazardous activity and assume all risks associated with running this distance (approximately 3.1 miles). These risks include, but are not limited to, falls, collisions with other participants, and weather conditions. By signing, I also authorize a trained medical professional to provide care in case of an emergency. After reading this waiver and understanding its contents, I hereby waive and release UNICO National-Scranton Chapter, and the UNICO National Scranton Foundation, and all associated entities and sponsors from any and all claims or liabilities of any kind arising from my participation in this event, even if these claims may arise from the negligence of the persons named in this waiver.

Signature_____ (parent/guardian if under 18)

Date_____

If you have any questions, please contact:

Jack Trapani: unico5k@gmail.com 570-878-3780