



14th Annual Celebration Run

5K RUN/FUN WALK REGISTRATION FORM

**Saturday, September 25 • Harford Memorial Hospital
Registration • 7:30 a.m.
Start • 8:30 a.m.**

**Bring the whole family to our
Harford Memorial Hospital
Celebration 5K RASAC sanctioned
race on September 25 from
7:30 to 10:30 a.m.**

Entry Fee

Pre-entry fee for runners is \$15 and includes shirt if registered by September 24. Race packets can be picked up 9/20-24 at UCH the Village of Swan Creek, 2027 Pulaski Hwy., Suite 204, Havre de Grace, MD 21078. Race day entry fee for runners is \$20 and includes shirt. Walkers must register but there is no fee unless they want to purchase a shirt (\$15 fee). Make checks payable to: Harford Memorial Hospital/Celebration Run

Return this form to:

Upper Chesapeake Health
Marketing Department
2027 Pulaski Hwy., Suite 204
Havre de Grace, MD 21078

For more information, call 443-643-4200.

Name: _____

Address: _____

Age: _____ Phone: _____ Male Female

DISCLAIMER, WAIVER AND RELEASE

I, the undersigned (or my parent if I am under 18 years of age), hereby request permission to participate in the Harford Memorial Hospital's 5K Celebration Run/Fun Walk. I am aware of the risks, dangers and hazards involved in participating in this event and that unanticipated and unexpected dangers may arise during my participation in the event. I assume all risks of injury to my person and property that may be sustained in connection with my participation in the event. In consideration of the acceptance of my entry and participation in Harford Memorial Hospital's 5K Celebration Run/Fun Walk, I, for myself, my heirs, my executors, and administrators, do hereby forever release, remise and discharge, and waive all my rights with respect to, any and all rights, claims, demands, actions and causes of action for any and all damage, liabilities, fees, costs and expenses I may have against Upper Chesapeake Health, Harford Memorial Hospital, RASAC (Renaissance Allsports Athletic Club), the City of Havre de Grace, the race directors, RRCA (Road Runners Club of America), sponsors, and all of their respective affiliates, officers, employees, agents, and volunteers for any and all injuries suffered by me in connection with, or resulting from, my participation in Harford Memorial Hospital's 5K Celebration Run/Fun Walk. I hereby, by my signature, acknowledge reading and understanding this clause, and attest and verify that I am aware of the hazards associated with this event and am physically fit and have trained sufficiently for this event and am voluntarily participating in this event. I represent and certify that I am at least 18 years of age or that I have my parent's permission to participate in this event and their signature below if I am under 18 years of age. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other recording of this event for any legitimate use.

Signature _____ Date _____

(Check here if parent's signature)