

Meelard SHUFFLE

5k Cross Country Race

SATURDAY
JULY 28, 2012
8:30 AM
ELVERSON, PA

The 8th Annual Jan Millard Memorial Cross Country Race

Proceeds & Donations benefit the Jan Millard Memorial Scholarship

Located at: Twin Valley High School, Elverson, PA

5K (3.1 mi.) Race Begins at 8:30am.

Features: Technical Shirt with Race Entry (Guaranteed to pre registered runners only),
Grass Course, Food & Refreshments, Music, Fun, FREE Kids Races!

DIVERSE AGE CATAGORIES!

Overall Male 1st Overall Female 1st

Awards for the top 3 in each age group Male & Female:

10-13, 14-17, 18-24, 25-29, 30-35, 36-40, 41-50, 51-59, 60-65, 66+

FREE KIDS RUN

100 meter dash ages 1-3 begins at 9:30am., 400 meter fun run ages 4-7,
1/2 mile fun run ages 8-10 will follow.

Online Registration Available: www.meelardshuffle.com

Acknowledgement, waiver and release from liability.

I acknowledge that running is an extreme test of a person's physical and mental limits and comes with the potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISK OF PARTICIPATING IN RUNNING EVENTS. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person. I also know that, although police protection will be provided, there will be traffic on the course route. I ASSUME THE RISK of running in traffic. I ALSO ASSUME ANY AND ALL OTHER RISK WITH RUNNING THIS EVENT, including but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and the condition of the roads, all such risks being known and appreciated by me. In consideration for allowing me to participate in this event, I hereby take the following action for myself, my executors, administrators, heirs, next of kin and successors, and aver (a) WAIVE, RELEASE AND DISCHARGE from any and all claims or liabilities for death, personal injury, property damage or damages of any kind that arise out of or relate to my participation in, or my traveling to and from the Twin Valley School District "Meelard Shuffle" 5K Cross Country Race and Family Fun Run, THE FOLLOWING PERSONS OR ENTITIES: Twin Valley School District, Meelard Shuffle Staff and its and the respective directors and officers, agents, servants and employees, and all event sponsors, race directors, event producers, volunteers, and (b) AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities I have waived, released and discharged. The undersigned further grants full permission to the parties listed above and/or agents authorized by them, to use any photographs, video tapes, motion pictures, recording or other record of this event for any purpose. Applications for minors will be accepted only with a parent's signature.

Club Name _____ Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ email _____

Age _____ Sex: Male Female T-Shirt Size ___S___M___L___XL

Participants Signature _____ Date _____

Parent Or Guardian _____ Date _____

Entree Fee up to and including July 15th. \$20.00

Entree After July 15th. up to race day \$25.00 Make Check Payable to: Meelard Shuffle

Mail to: Robert Hamm c/o Meelard Shuffle 1495 Alleghenyville Road Mohnnton, PA 19540

Phone: 610-750-1455 email: robertlhamm@hotmail.com