

The Towamencin Police Benevolent Association presents the

# FIVE-0 5K Run/Walk

REGISTRATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE ,ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

AGE \_\_\_\_\_ CIRCLE ONE MALE FEMALE

SHIRT SIZE S M L XL XXL

ADULT FEE \_\_\_\_\_ CHILDREN UNDER 14 \_\_\_\_\_

**PLEASE READ CAREFULLY:** in consideration of your acceptance of this entry, I hereby agree for myself, my heirs, my executors and administrators to waive any and all rights and claims for damages I may have against the sponsors, coordinating groups and individuals associated with the event, their representatives, successors and assigns and will hold them harmless of any and all injuries suffered in connection with said event. Also, none of the above are responsible for loss of personal items or any other form of aggravation in connection with said event. I give permission for the free use of my name and picture in any broadcast, telecast or print media account of this event. I also hereby consent to permit emergency treatment in the event of injury or illness.

SIGNATURE OF PARTICIPANT/GUARDIAN \_\_\_\_\_

**Registration may be mailed in or dropped off to the Towamencin Police Department (checks to be made payable to TPBA).**

Towamencin Police Benevolent Association 1090 Troxel Rd  
P.O. Box 325  
Kulpsville, PA 19443