

REGISTRATION FORM

“2.9 for Maddy’s 29th”
Saturday, October 26, 2024
Schuylkill River Trail



Creating Sunshine Forever

Radiating rays for the Cystic Fibrosis Community

Race Start: 12:00 PM
(Registration Start: 11:00AM)

(Mail Registration to 525 Bullock Ave, Conshohocken, PA 19428 or bring to the event)

Price: \$30 per person (Shirt Included)

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Email Address: _____

Age: _____ Run or Walk: _____ Virtual? (must mail in): _____ Shirt size: _____

_____ I DO NOT HAVE ANY MEDICAL CONDITIONS THAT WOULD RESTRICT ME FROM PARTICIPATING IN THE RUN OR WALK

_____ WE ARE NOT RESPONSIBLE FOR ANY PROBLEMS/ INJURIES WHICH MAY OCCUR DURING THE RACE IN CONSIDERATION OF PARTICIPATING IN THE CREATING SUNSHINE FOREVER EVENT, I AM (OR MY CHILD IS) QUALIFIED, IN GOOD HEALTH AND PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH AN ACTIVITY. I HEREBY RELEASE CONSHOHOCKEN PENNSYLVANIA AND AND THE CREATING SUNSHINE ADMINISTRATORS, DIRECTORS, VOLUNTEERS FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR PART BY THE NEGLIGENCE OF THE RELEASES. I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES FROM ANY LOSS OR LIABILITY, DAMAGE, OR COST WHICH MAY INCUR OF RESULT OF SUCH CLAIM. I HAVE READ THIS RELEASE AND WAIVER RESPONSIBILITY, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AND SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCES AND INTEND IT TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE FULLEST EXTENT OF THE LAW.

Signature: _____