



SATURDAY, MAY 4, 2024

Registration begins at 8:30 am
Race starts promptly at 9:30 am
Awards ceremony to follow

MCCONNELLSTOWN CHURCH OF THE NAZARENE

5851 NEWTOWN AVE, HUNTINGDON, PA

REGISTRATION

Pre-register by **APRIL 16th, 2024**
Complete registration form and mail along with race fee.

- \$25.00 fee** for each participant over 11 years of age
- \$15.00 fee for participants 10 & Under
- \$20.00** Family Rate or Team Rate (three or more from the same household, organization, workplace, etc)
- \$30.00 Registration fee on race day.

5K RACE AWARDS

- Top overall male & female runners
- Age group Awards (top three males & females in each age group): Kids 10 & under, Jr High 11-14, Sr High 15-18, Adults: 19-29, 30-39, 40-49, 50-59, 60+

All proceeds benefit:



cpcforlife.org | crossroadspcs.org
(814) 542-2880 | (814) 643-3570

Run Baby Run 5K
REGISTRATION FORM

Name _____ **Sex** _____ **Age** _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

Email _____

Check one (1): **Running (5K)** **Walking (Mile)**

Participation Waiver Statement

I know that running a trail race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that there can be hazards, debris, and poor footing on the course and assume the risk of running/walking on it. I also assume any or all other risks associated with running/walking or attending the race including but not limited to falls, contact with other participants, the effect of weather, getting lost, wildlife or insect attacks and all such risks being known to and appreciated by me. Knowing these facts, and in consideration of your accepting my registration fee, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Crossroads Pregnancy Center, all municipalities in which the event is held, all other organizations directly or indirectly associated with the race, any and all sponsors, or anyone else associated in any way with the race, for claims or liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of or in the course of, my participation in the event(s). The waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. I certify that I am in good health and am conditioned for this event. I, the signed entrant or parent/guardian take full and total responsibility for myself and my guardians in this event.

I hereby release any and all rights to any pictures or videos taken of myself during the race and accept that they will be the property of Crossroads Pregnancy Center to use as they see fit. **BY SIGNING THIS, I ATTEST THAT I HAVE READ AND UNDERSTAND THIS WAIVER.**

Signature _____ **Date** _____

(Parent's signature required if participant is under 18)

Make Checks payable to *Crossroads Pregnancy Center* and mail to our office at: *119 S Division St, Mount Union, PA 17066*