

# Registration Form

Please mail to:  
Easton's Angels  
Easton Area High School  
2601 William Penn Highway  
Easton, PA 18045

Name: \_\_\_\_\_

Gender: M / F      Age on Race Day: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Circle one: Run / Walk      Shirt Size    S    M    L    XL    no shirt

I know that participating in race is a potentially hazardous activity. I should not enter unless I am medically able to [participate. I also assume any and all risks associated with participating in this even, including but not limited to falls, contact with other participants, the effects of the weather, traffic, and the conditions of the roads. In consideration of accepting this entry, I hereby waive for myself and my heirs all rights and claims for damages I must have against Easton Area School District and all of their sponsors, volunteers, their agents or representatives or arising out of or in the course of my participation in that EAHS disability awareness fun walk/5k. I also give my permission for the free use of my name and pictures in any broadcast, telecast, or print media account of this event.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of parent/guardian if under 18 \_\_\_\_\_ Date: \_\_\_\_\_