

51<sup>st</sup> Running of the Camptown Races  
September 9<sup>th</sup>, 2017 Camptown ball fields, Camptown, PA  
10AM START

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Sex: M F Age on Race Day: \_\_\_\_\_ DOB \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

email: \_\_\_\_\_

Team Name: \_\_\_\_\_ (3 members must complete race)

Clydesdale(male 200lbs+) \_\_\_\_\_ Athena(female 140lbs+) \_\_\_\_\_

TShirt Size (additional \$10) S M L XL XXL

**Race Waiver:** I know that running a road race is a potentially hazardous activity. I should not enter to run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all of the risks associated with running this event including, but not limited to, falls, contact with other participants, the effects of weather, traffic, and the conditions of the road, all being such being known and appreciated by me. Having read this waiver and knowing these facts and in the consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the race organizers, sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

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

Parent Signature (if under 18) \_\_\_\_\_

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

**\*\*Application must be received by Aug. 30th to guarantee shirt size\*\***

Race: \$15 (Preregistered) \$20 (day of) TShirt: \$10

Total: \_\_\_\_\_

Please make checks payable to Camptown Civic Club

Mail race applications to:

Rachel Murphy  
167 Camptown Church Street  
Wyalusing PA 18853