

14th Race to End Hunger

Saturday, August 3, 2024



REGISTRATION FORM & WAIVER

Name: _____ Age: _____ Gender: _____

Phone: _____ Email: _____

Address: _____

I will participate in the: 5K Run 2 Mile Walk Free Kid's Fun Run (5 years and under)

T-Shirt Size: Adult: Sm M L XL XXL • Youth: Sm M L XL

Team Name: _____

Signature (Parent signature if participant is under 18): _____

I voluntarily participate in the Race to End Hunger and acknowledge that I am not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste or smell.

I hereby release and agree to hold Mercer County Food Bank (MCFB) harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the MCFB, or that may otherwise arise in any way in connection with any events of the MCFB. I understand that this release discharges MCFB from any liability or claim that I, my heirs, or any personal representatives may have against the MCFB with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, my participation in the Race to End Hunger.

I hereby give permission to MCFB to use my photos and likeness in all forms and media for advertising, portfolio, demo, trade, editorial, altering without restriction or compensation. I hereby release and hold harmless MCFB and/or the photographer all forms of claims and liability related to my photo usage.

Signature Required: _____ Date: _____

(Parent signature if participant is under 18)

Please send completed registration form with check payable to MCFB 5K Run/2 Mile Walk (\$20 pre-registration fee) to: Mercer County Food Bank, 109 S Sharpsville Ave, Suite A, Sharon, PA 16146