

## Registration Form

(Check the ryansrace.org home page to register online.)

Please return with your payment to Joseph Sloss by **May 15th** to

L-S High School PO Box 428, Lampeter PA 17537

(May register on race day, but t-shirt availability will be limited)

Name	Phone						
High School Homeroom Teacher (if applicable)							
Address							
E-mail Address:							
Please indicate the following: Male Female		_ Age					
have included (select one):	<b>520</b> to Race	\$	<b>15</b> for a shi	rt\$	\$ <b>35</b> to race	w/t-shirt	
Adult T-Shirt Size: (please circle one)	XL	L	-	М	S		
Number of children 12 and under who will be participating in the Kid's Fun Run							
I want to buy kid's shirts, too! (I included \$10 extra for each.)	Size	Small	Medium	Large	XL		
	# of shirts						
Cash Check #	_ (make ched	cks payable	e to Lampe	ter-Stras	burg High S	- School)	

The date of Ryan's Race is Saturday, May 16th The 5K Ryan's Race will begin at 9:00 am The FREE kid's fun run will begin at 9:30 am

**Parking:** All races will start near the track. Enter campus via Pioneer road and park near the track. The campus can be accessed at Pioneer Road and Rosier Way during the race.

This run is in memory of our good friend and classmate, *Ryan "Whitey" Weitzel*. The money raised will fund two graduation scholarships given in his memory. All monies raised above the scholarship amounts will be donated to charity or used to help families in the district who are battling cancer.

## 2020 Release and Waiver (Please use one form per family.)

Name of Runner (s)
I know that running is a potentially hazardous activity. I should not enter and run unless I am
medically able. I assume any risks associated with running this event including, but not limited to, falls,
contact with other participants, and the effects of weather and conditions of the course. I understand I an
solely responsible for my own safety while traveling to and from or participating in this event.
Knowing these facts and in consideration of your acceptance of my entry, I hereby for myself, my
heirs, executors, administrators, or anyone else who might sue on my behalf, agree not to sue, and waive,
release, and discharge the sponsors or contributors to this event, any race officials, volunteers, the city
and police agencies, their representatives successors or assignees from any and all claims of liability for
death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the
course of my participation.
The release form and waiver extends to all claims of every kind or nature whatsoever, foreseen
and unforeseen, known and unknown. The undersigned further grants full permission to use any
photographs, videotapes, motion pictures, recordings, or another record of the event for any purpose.
Minors will be accepted with a parent's signature.
Signature of participant (legal guardian if participant is under age):
Date
Name and phone # of Emergency Contact
Doctor's Name
Preferred Hospital
Special Medical Conditions (indicate who)
Allergies (indicate who)