

The Leprechaun Run



Saturday, March 10
Schuylkill Banks Palapa
7:30 am Race Start

**Lucky 7-Mile Race | Classic 5-Mile Race
2-Mile Fun Run/Walk**



Pre-Leprechaun Run Happy Hour—Thursday, March 8th

The Leprechaun Run benefits

**Special
Olympics**
Pennsylvania



WWW.LEPRECHAUNRUN.ORG



2018 Leprechaun Run Hard Copy Registration

Saturday, March 10, 2018 | Schuylkill Banks Palapa | 7:30 am Race Time

Thank you for joining the Leprechaun Run presented by TMNA Services. The Leprechaun Run benefits Special Olympics PA-Philadelphia has been a Philadelphia tradition since 1984. This fast and flat 7-Mile and 5-Mile out-and-back course offers runners a scenic view of the Schuylkill River in Fairmount Park. All runners receive an event t-shirt. Bib pick up is available on race day. The race begins at 7:30 am.

Event/Upgrade	Price
Lucky 7-Mile Race	\$40
Classic 5-Mile Race	\$35
2-Mile Fun Run/Walk	\$25
Upgrade my tee to a DriFit	\$15

First Name _____ Last Name _____

Address _____

Email _____

Phone _____ Male _____ Female _____

Birthday _____ Age on Race Day _____

Shirt Size ☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ 3XL

Race ☐ Lucky 7-Mile Race ☐ Classic 5-Mile Race ☐ 2-Mile Fun Run/Walk

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY, AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

In consideration of participating in the Leprechaun Run, I represent that I understand the nature of running/walking events and that I and/or my minor child am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will be conducted over public roads and facilities open to the public during the Activity and upon which traffic hazards are to be expected. I acknowledge that if I and/or my minor child believe event conditions are unsafe, I and/or my minor child will immediately discontinue participation in the Activity.

I fully understand that running/walking events involve risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I and/or my minor child incur as a result of my and/or my minor child's participation in the Activity.

I hereby release, discharge, and covenant not to sue Special Olympics Pennsylvania, its respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

I have read this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT, AND PARENTAL CONSENT AGREEMENT, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

Printed name of participant

Signature of Participant (only if age 18+)

Signature of Parent/Legal Guardian
(if participant under age 18)

Date: _____

Mail completed forms and check payable to Special Olympics PA to:

Special Olympics PA
Attn: Kristin Craven
2570 Blvd of the Generals
Suite 124
Norristown, PA 19403

**Special
Olympics**
Pennsylvania



Questions? Contact Kristin at kcraven@specialolympicspa.org or 610-630-9450 x252.