

IMPORTANT!

Online registration is also available at brookvilleyymca.com or runsignup.com.

Course: All courses leave the YMCA, take you through Brookville and circle back to the YMCA.

Prize Categories:

1st place overall male in each race
1st place overall female in each race
1st place male and female in each age group unduplicated.

ALL PRE-REGISTERED RACERS WILL RECEIVE A RACE T-SHIRT! Pre-order forms for additional "Share the Love" merchandise are available at the YMCA.

Registration:

Pre-registration is preferred.

Race Day registration: 8:30 – 10:45 AM

Pre-registration fee is \$20 (short) and \$23 (long) (if received on or before 3/30/18) Race-day fee is \$25

Checks payable to: Brookville YMCA



This event is sponsored in loving memory of Connor J. Gerg

All proceeds from the event benefit the Brookville YMCA



BROOKVILLE YMCA

Share the Love!

Brookville YMCA
125 Main Street
Brookville, PA 15825

814-849-7355
www.brookvilleyymca.com

Share the Love!

YMCA
Fundraiser

Brookville YMCA
1 Mile, 5K or 10K
Run / Walk



Date: 04/7/2018

11 AM Start Time

Start/Finish @ Brookville
YMCA - 125 Main Street.

ALSO FEATURING:

Gift raffle, bake, soup sale and

"Share the Love*" merchandise sale.

Share the Love Waiver:

I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness, or death. _____ (initial.)

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity for which I and/or my children am responsible, will engage in, I confirm that I am/we are physically and mentally capable of participating in the activity and/or using equipment. I/we participate willingly and voluntarily and I assume responsibility for damages to or loss of my/our personal property. I also assume risk for accidents or injury caused during the race. I agree to follow all race rules. I assume the risk(s) of personal injury, accidents and/or illness, including but not limited to wounds, scrapes, abrasions and/or contusions, oxygen shortage, head, neck, and/or spinal injuries, shock, paralysis, and/or death.

COVENANT OF GOOD FAITH: I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to refuse or terminate, the participation of any person you judge to be incapable of meeting the rigors or requirements of any activity. I accept your right to take such actions for the safety of myself and/or other participants.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any film or photographs of me/us, as participants, become property and may be used for promotional or commercial purposes.

RELEASE: In consideration of services provided, I, for myself and my children for whom I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release:

Brookville YMCA, its principals, directors, officers, agents, employees, and volunteers, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

I have read and understood the foregoing acknowledgment of risks, assumption and responsibility, and release of liability. I understand that by signing this form I may be waiving valuable legal rights.

PARTICIPANTS NAME (PRINTED): _____

AGE: _____

SIGNATURE: _____

DATE: ____/____/____ PHONE:(____)_____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

IF PARTICIPANT IS UNDER 18, THE PARENT OR LEGAL GUARDIAN MUST ALSO

SIGN: X _____

SHARE THE LOVE ENTRY FORM:

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE:(____)_____ M/F:____ AGE_____

SHIRT SIZE: YS YM YL AS AM AL AXL A2XL

(Please circle your choice)

Adult 2XL is an addition \$2

Short Sleeve_____ Long Sleeve_____

Please indicate the event in which you will participate:

Event: 1 Mile Indoor (walk only)_____

Outdoor 1 Mile Walk or Run _____

Outdoor 5K Walk or Run _____

Outdoor 10K Walk or Run _____

Prizes for run events only.

Each participant is encouraged to raise donations for the Brookville YMCA's Share the Love Event. Each participant bringing donations will be entered to win prizes. Any participant raising over \$100 will be eligible for top prizes. Participants with highest amount of donations get first pick of all prizes. Please fill in sponsor information for donation

Sponsors Name (print clearly)	Phone Number	Donation Amount

Please detach and return SHARE THE LOVE WAIVER (on left) AND ENTRY FORM along with entry fee to:

**BROOKVILLE YMCA
125 MAIN STREET
BROOKVILLE, PA 15825
Questions??**

Call (814)849-7355

Share the Love!

Brookville YMCA
125 Main Street
Brookville, PA 15825
(814)849-7355