

RUN, HIKE, CRAWL 5K TRAIL RACE

MAY 2, 2020

EARLY REGISTRATION
(By April 2nd, 2020)*

\$25

REGISTRATION AFTER
April 2nd, 2020

\$30

RACE DAY
REGISTRATION

\$35



Run • Hike • Crawl

PEEC 5k Trail Race



RUNNER REGISTRATION (Please print)

First: _____

Street: _____

State: _____

Phone: _____

Email: _____

☐ MALE ☐ FEMALE

Last: _____

City: _____

Zip: _____

Age: _____

T-SHIRT SIZE Y S M L XL XXL
☐ ☐ ☐ ☐ ☐ ☐

RUNNER PAYMENT INFORMATION:

____ Register on line at www.peec.org/5K - **PREFERRED METHOD**

____ Check enclosed payable to PEEC for \$ _____

____ Bill my Credit Card: VISA MASTER CARD

Name on card: _____

Address: _____ City: _____ State: _____ Zip: _____

CARD #: _____ Exp. Date: ____/____ CCV: _____

Signature: _____

Complete the registration and payment information and mail to:
PEEC 5K Run, Hike, Crawl, 538 Emery Road, Dingmans Ferry, PA 18328

This waiver must be read and signed in order to participate:

I know that running a race is a potentially hazardous activity and that I should not enter the event unless I am physically and mentally able to compete. I agree to abide by any decision of an event official relative to my ability to safely complete the event. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity and the conditions of the course, both on and off the trails, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act on my behalf, waive and release the organizers of the PEEC 5k Run, Hike, Crawl; Pocono Environmental Education Center; Ready, Set, Run; The National Park Service; and any event sponsors, their representatives and successors, from all claims or liabilities of any kind arising out of my participation in this event or carelessness on the part of the persons named in this waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes. All fees are nonrefundable.

Signature: _____

Date: _____

Parent/Guardian's Signature: _____
(If under 18 years of age)

Date: _____