



# Runner Registration for 5K Race

## INSTRUCTIONS for 5K RUNNER **Photocopy this form as needed.**

Complete this form and sign at the bottom. Then, mail the form along with your \$25 registration fee per person or \$10 for children under 12 (make check or money order payable to Light of Life Rescue Mission) to Light of Life Rescue Mission, P.O. Box 6823, Pittsburgh, PA 15212, Attention: RACE, or bring form and payment with you the morning of the event. Questions? Call **412-803-4138**.

### Your Information:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Circle One: Male Female Age: \_\_\_\_\_

*If applicable:*

Team Name \_\_\_\_\_ Organization \_\_\_\_\_

Circle One: Workplace School Church  
Community Group Other: \_\_\_\_\_

I  My team and I also plan to participate in the 10K walk.

*(Please also complete the Team Roster for walkers form.)*

### Family Registration

I  My family and I also plan to participate in the 10K walk. *(Please also complete the Sponsor Pledge Form.)*

### Names of family members participating in the race:

\_\_\_\_\_ Circle One: M F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Circle One: M F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Circle One: M F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Circle One: M F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Circle One: M F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

*(Attach additional sheet if necessary.)*

\$25 x \_\_\_\_\_ (# runners) = \$ \_\_\_\_\_

\$10 x \_\_\_\_\_ (# runners under age 12) = \$ \_\_\_\_\_

**Employer Matching Gift: \$** \_\_\_\_\_

If yes, enter employer name and phone # below:

**Grand Total Enclosed: \$**



By signing, I assert that I/my family and I am/are physically fit, trained and medically able to participate and assume all associated risks (such as falls, weather effects, contact with others, road/trail conditions, etc.); I release the City of Pittsburgh, Allegheny County, the Trib Total Media Amphitheatre, Riverfront Trails and Light of Life Rescue Mission from claim or liability arising from my participation in this event. Additionally, I grant Light of Life permission to reproduce, publish, circulate, etc. any photographs/videos of myself and my family taken at the event.

X \_\_\_\_\_