MAHONING SHADOW SHUFFLE

HALF MARATHON * 10K * 5K

SATURDAY, OCTOBER 10, 2015 PUNXSUTAWNEY LITTLE LEAGUE FIELD, RT 119

REGISTRATION: 8:00 A.M. START TIME: 9:00 A.M.					
PROFESSIONAL TIMING		RKING:			
Miles of Smiles of Ellwood					
COURSE: Mahoning Shac		2			
ENTRANCE FEES: (PREF				рт. 25)	
Half Marathon	10K	5k Fun Run	Youth		
	\$20 pre				
\$25 day of race	-	-			
HALF, 10K, 5K AGE CATEG	•			•	
Awards given for top three finishers (male and female) overall and each age group.					
Beautiful, matted photographs of the Mahoning Shadow Trail go to winners/placers in					
each adult race. Also, the first canine finisher in each race will win a prize! All					
dogs must be on a leash	and under control	<u>.</u>			
L s al Nis as s					
Last Name:		First			
Address:					
City:		State:	Zip:		
Date of Birth:	Age on race day	y:	[]Male	[] Female	
Email address:					
[] Half Marathon					
T-shirts are guaranteed t		•	nners regis	tering on	
race day will receive shin					
Registration includes a she		<u>soft tee, gender</u>	specific or	<u>a 17x20</u>	
drawstring pack. Circle (
Men's: S, M, L, XL Wom	en's: S, M, L, XL I	DRAW STRING I	PACK		
Also available: Long slee		c Heavy Weight	Tee: \$20		
Men's: S, M, L, XL Wome	n's: S, M, L, XL				
Hoodie: \$35 S, M, L, XL					
Make checks payable to: Punxsutawney Rails to Trails					
	c/o Susan Wolfe				
	330 Horatio Street				
	Punxsutawney, PA	15767			

YOU MUST SIGN THE WAIVER ON THIS FORM!

DIRECTIONS:

From the South: Traveling North on Rt. 119 (coming from Indiana), pass WalMart Plaza and descend one-mile hill, passing truck ramp and Joe's Drive-In. Make first left turn past Sandy's Beverage (look for signs).

From the North and West: Traveling on Rt. 36 South from Brookville, turn right onto Rt. 119 at first traffic light. Pass Phil's Cake and Steak on your left, cross bridge, and take first right to Little League complex.

From the East: Travel south on Rt.119; turn left at fourth light to stay on Rt. 119. Pass Phil's Cake and Steak on left, cross bridge, and take first right to Little League complex.

For food and lodging call the Punxsutawney Chamber of Commerce (814-938-7700) or visit their website at www.punxsutawney.com

WAIVER (MUST BE SIGNED)

In consideration for being permitted to participate in this event, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns:

I agree to assume all risks arising out of or related to my participation and to release, hold harmless, indemnify, and covenant not to sue Punxsutawney Rails to Trails Association, Jefferson County, Pennsylvania, Jefferson County Commissioners, Jefferson County Department of Development, and any and all owners of private properties and facilities whose land is used for the event, and any and all volunteers and sponsors as well as their affiliated officers, directors, employees, supporters, agents, successors, heirs and assigns, from all liability to the undersigned, my personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the foregoing named parties or otherwise while the undersigned is participating in the event including pre and post event activities.

I attest and verify that I understand that participating in the event may be potentially hazardous and that I am both physically fit and have sufficiently trained for the event;

I agree to abide by any decision of any event official or medical personnel related to my ability to complete the event;

I grant full permission to any and all of the foregoing to use any photographs, videotape, motion pictures, digital recording or any other record of this event that may contain my image for any legitimate purpose, including commercial advertising with any expectation of demand for any payment or other consideration for such use; and

I have read the Waiver printed above and agree to it.

If participant is under the age of 18: I have read the foregoing and understand the risks involved in participating in this event. I authorize the participation of my son/daughter/ward:

	in this event. I agree to the terms of this waiver.
	Date
Participant's signature	
	Date:

Signature of participant and parent/guardian if under age 18