

BCPLC Celebrate Life 5K Run / 2K Walk

Saturday June 25

7:30 AM Registration

9:00 AM Race

Peace Valley Park

Pavilion 1

230 Creek Road

Doylestown, Pa

Register by mail until June 15th

On Line until June 22nd at:

pretzelcitysports.com

a nominal service fee applies

On Race Day starting at 7:30 AM



Mail Entries by June 15th:

Adults 13+ \$25.00

Children 5 - 12 \$15.00

Entries on Run Day

Adults 13+ \$30.00

Children 5 - 12 \$20.00

Have questions, email
buckscountyprolife@gmail.com
 or call 267-689-8399

Make Checks payable to: BCPLC

Mail to: BCPLC 5K Run; PO Box 7068; Penndel, Pa. 19047

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____ Race (circle 1) 5K Run; 2K Walk; Kids Walk

Sex: M F Race Day Age _____ Birth Date ____ / ____ / ____ Phone _____

Shirt Size (circle 1) YS YM YL S M L XL XXL E-Mail _____

Waiver/Release: I acknowledge that this activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and action of others, including but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event. I acknowledge that BCPLC and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event activity on behalf of BCPLC.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITIES AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST BCPLC FOR PERSONAL INJURY OR PROPERTY DAMAGE

SIGNATURE _____ DATE ____ / ____ / ____

(Signature of parent if under 18)

Registration: \$ _____

Donations/Pledges: \$ _____

Total: \$ _____