

Duckie Dash

SUNDAY, SEPT. 8

2024

FOOD TRUCKS & GAMES

RUBBER DUCKIE RACE & FESTIVAL

SCHREIBER PEDIATRIC
625 COMMUNITY WAY
LANCASTER, PA

NEW LOCATION

ALL ABILITIES WELCOME

ONE-MILE DUCKIE DASH FOR ALL AGES
DUCKLING DASH FOR KIDS

ADOPT A DUCKIE

TOYOTA
Lancaster Toyota

Waddle, Walk, or Roll – This Race is for Everyone!

ALL ABILITIES WELCOME

Race Highlights:

- Flat course
- Clock at finish
- Refreshments
- Rain or Shine
- No Refunds or Mailed Awards

Race Awards:

- Individual awards for overall top finishers
- Top 3 finishers per age group 13-19, 20-29, 30-39, 40-49, 50-59, & 60+

1:30 PM – Registration & Packet Pick Up

2:30 PM – Kids Duckling Dash Starts

3:00 PM – 1 Mile Duckie Dash Starts

3:30 PM – 1 Mile Relay Dash Starts

Register by 8/1 to receive a race t-shirt, 10 festival game tickets, and an entry into our grand prize giveaway. (Registrations after 8/1 will not be guaranteed a t-shirt.)

GIVEAWAY TOP PRIZE:
\$2,500

Sign up for:

1 Mile Duckie Dash

100 Meter Duckling Dash

1 Mile Relay

Team of 4: Quarter Mile Each

MAKE CHECK PAYABLE TO "SCPD"

MAIL CHECK & FORM BELOW TO: 625 COMMUNITY WAY, LANCASTER, PA 17603

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

Birthday: _____ Race Day Age: _____

Gender (M/F/NB): _____

Email: _____

Register to Race (select one):

1-Mile Duckie Dash - \$30 | \$25 until 8/1

Duckling Dash - \$20 | \$15 until 8/1

1-Mile Relay - \$12.50 per person | \$11.50 until 8/1

Shirt Size (select one):

Small Large XXL

Medium XL XXXL

SIGNATURE REQUIRED ON WAIVER (ON BACK)

Race Director:
Kristen Masengarb
717-393-0425 ext. 105
kmasengarb@schreiberpediatric.org

OPTIONAL ONLINE REGISTRATION
AVAILABLE



(NOMINAL PROCESSING FEE APPLIES, CLOSES AT
MIDNIGHT, THE WEDNESDAY OF RACE WEEK)

WAIVER:

I know that running Schreiber Center for Pediatric Development's 36th Annual Rubber Duckie Race, a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them.

I assume all risks associated with running in this event, including but not limited to falls, physical contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators including the potential the contraction of a communicable disease resulting from contact with other participants, volunteers, race personnel, contract service providers, employees, and spectators. I assume all risks including the effects of the weather; high heat and/or humidity; freezing cold temperatures; traffic and conditions of the road including surrounding terrain.

I assume all such risks being known, appreciated, and accepted by me.

I understand that bicycles, skateboards, roller skates or inline skates, and personal music players are not allowed in the race, and I will abide by all race rules.

Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Schreiber Center for Pediatric Development, East Hempfield Township, Homestead Village, Church of the Apostles, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I grant permission of all the foregoing to use my photographs, motion pictures, recordings, or any other record of this event for any legitimate purposes. I understand that this event does not provide refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event.

Signature: _____ Date: ____/____/20____