



**Saturday, 10/5/2024**

**5k Run – 9:00 am\*\***

**Rain or Shine**

**RACE BEGINS AT:**

**114 E. Centre Ave.  
Newtown, PA 18940**

**\*\*8:30 am Yoga/Stretch**



**5K RUN/WALK INFO on Active.com**

Description	Fee	Total
Pre-Registration - Individual	\$40	
Race Day - Individual	\$45	
Total Enclosed		

**\*\*\*\*\* NO REFUNDS \*\*\*\*\***

T-shirts guaranteed for the first 100 runners

**Credit card payments accepted at ACTIVE.COM**

**Make checks payable & send to:**

Newtown Library Company  
114 Centre Avenue, Newtown, PA  
18940

**HAVE A QUESTION? EMAIL:**

[librarian@newtownlibrarycompany.org](mailto:librarian@newtownlibrarycompany.org)

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address (E-mail will be used to update you on the start/end location as well as other correspondence related to race day)

T-shirt Size options are:

**S M L XL 2X**

\_\_\_\_\_  
Age T-shirt size

M F  
Gender  
(circle one)

Additional family members:

\_\_\_\_\_  
First Name Age T-shirt size

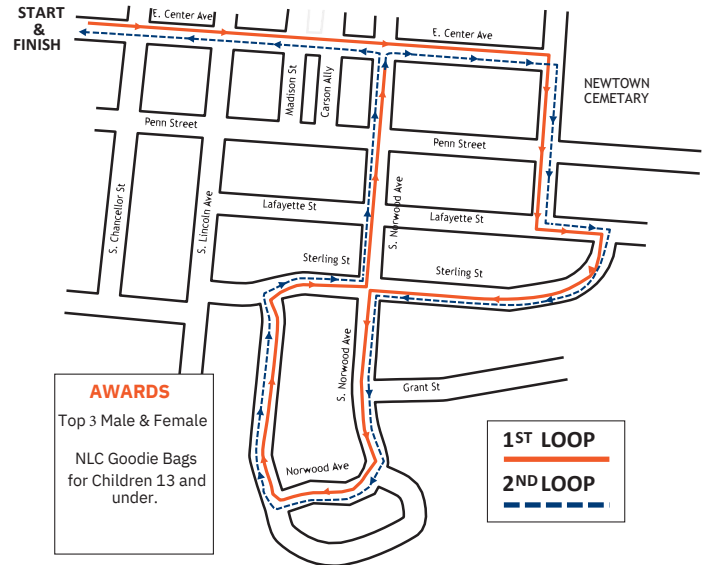
M F

\_\_\_\_\_  
First Name Age T-shirt size

M F

\_\_\_\_\_  
First Name Age T-shirt size

M F



\_\_\_\_\_  
\*Emergency Contact (required) Phone #

**Race Release (Must be signed by participant in order to be eligible to participate in race)**

I understand that I am voluntarily participating in this event that could pose certain risks of physical injury and I agree to assume full risk of any injuries, damage or loss which I may sustain as a result of participating in any or all activities connected with or associated with such an event. I agree to waive all claims that I, or anyone acting on my behalf, may have as a result of participating in this event. I hereby release Newtown Library Company, Newtown Borough, Newtown Township, all sponsors, volunteers and employees from any claims from injuries, death, damage, or loss which I may have or which may accrue to me arising out of, connected with, or in any way associated with the activities of the event. I have read and fully understand the waiver and release.

\_\_\_\_\_  
Registrant's Signature Date  
*Parent/Guardian must sign if registrant is under age 18*

\_\_\_\_\_  
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