



Race Starts at 2:00PM
www.5kformothersday.com

REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

5k Run _____ 1.5 Mile Walk _____

Age on Race Day _____

T-Shirt Size S M L XL

_____ Pre Registered \$25 (before May 11th)

_____ Registration \$30

Make checks payable to "Dub C Race Company"

Mail to Chester County Running Store-24 S. High St, West Chester PA 19382

Or Register online at www.5kformothersday.com

All race proceeds will benefit Mommy's Light, a charity that brings comfort to families who have lost their mothers.

DISCLAIMER: In consideration of the furtherance of your purpose, objective, and work, and in consideration of your permitting me to participate in your "Run/Walk" event on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release any and all rights and claims for damages which I may have against you, the municipalities through which the event will take place, as well as any other person connected with the event, their heirs, executors, administrators, successors and assigns for any and all injuries which I may suffer while taking part in the event or as a result thereof.

Signature: _____ Date: _____

Guardian Signature: _____ Date: _____
 (if under 18)