

### Course Description:

Northern High School cross country course (5K) professionally chip-timed by Falcon Racing.

### Address:

Northern High School  
653 South Baltimore St.  
Dillsburg, PA 17019

### Awards:

Top overall male and female runner.

### Age groups:

Under 12 (Male & Female combined)  
13-19 (Male & Female separate)  
20-29 (Male & Female separate)  
30-39 (Male & Female separate)  
40-49 (Male & Female separate)  
50-59 (Male & Female separate)  
60+ (Male & Female separate)

**Proceeds:** Benefit the youth of the Dillsburg Area Soccer Club.

For more information:

contact Ted Pawlik,  
TJP1029@aol.COM

### Entry fees:

#### 5K Run

- Online or postmarked before 10/27 - \$30
- Online from 10/28 to 11/15 - \$35
- Race day registration - \$40
- Shirts not guaranteed for entries submitted after 10/27

**3 Person 5K Relay** (One registration form per team; team members must sign waiver at packet pick-up)

- Awards for the 5K relay for ages 12 and under and 13 and over
- Online or postmarked by 10/27 - \$55
- Online from 10/28 to 11/15 - \$60
- Race day registration - \$65
- Shirts not guaranteed for entries submitted after 10/27)

### **Packet Pick-up/Race Day Registration:**

7AM – 8:15 AM at Northern High School

### **Register online:**

<http://www.dascoccer.org>

Or register by completing the reverse. Send completed form with a check payable to:

DASC, PO Box 114, Dillsburg, PA 17019

(postmarked by Oct 27, 2018).

3rd Annual Dillsburg Soccer

# ***Thundering Pickle***

## **5 K Turkey Trot and Relay**



**November 22, 2018**

**8:30AM**

RACE APPLICATION: Please mail completed form with check payable to DASC, PO Box 114, Dillsburg, PA 17019

<b>Last name</b>	<b>First Name</b>
<b>Age on Race Day</b>	<b>Male or Female</b>
<b>Address</b>	<b>City</b>
<b>State</b>	<b>Zip</b>
<b>Email</b>	<b>Phone</b>
<b>Please select a T-shirt size (shirts are not guaranteed after 10/30) YM YL YXL AS AM AL AXL A2XL</b>	
<input type="checkbox"/> <b>Check here if you would like to order an additional shirt for \$15 Size_____</b>	
<b>Check the race you are entering.</b>	
<input type="checkbox"/> <b>5K</b>	<input type="checkbox"/> <b>5K Relay</b>
	<b>Team Name</b>
	<b>Team Member#1</b> <b>shirt size</b>
	<b>Team Member#2</b> <b>shirt size</b>

**Release**

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, Dillsburg Area Soccer Club, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that running a trail/road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a trail/road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed Medical Doctor has verified my physical condition. In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport, medications, treatment and hospitalization. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver. Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Signature\_\_\_\_\_

Parent/Guardian Signature if under 18\_\_\_\_\_

Date\_\_\_\_\_

**NO REFUNDS WILL BE ISSUED FOR ANY REASON**