



Registration Form

(Check the ryansrace.org home page to register online.)

Please return with your payment to Joseph Sloss by **May 10th** to
L-S High School PO Box 428, Lampeter PA 17537
(May register on race day, but t-shirt availability will be limited)

Name _____ Phone _____

High School Homeroom Teacher (if applicable) _____

Address _____

E-mail Address: _____

Please register to receive texts about race information at Remind 101!
On a computer: remind.com/join/ryansrace
On your cell phone text: @ryansrace to 81010 (or to 717-773-4573)

Please indicate the following:

____ Male ____ Female ____ Age

I have included (select one): ____ \$20 to Race ____ \$30 to race w/ t-shirt

Adult T-Shirt Size: (please circle one) XL L M S

Number of children 12 and under who will be participating in the Kid's Fun Run _____

I want to buy kid's shirts, too!
(I included \$10 extra for each.)

Size	Small	Medium	Large	XL
# of shirts				

Cash _____ Check # _____ (make checks payable to Lampeter-Strasburg High School)

The date of Ryan's Race is Saturday, May 11th
The 5K Ryan's Race will begin at 9:00 am
The FREE kid's fun run will begin at 9:30 am
The Team Relay Race will begin at 10am

Parking: All races will start near the track. Enter campus via Pioneer road and park near the track. The campus can be accessed at Pioneer Road and Rosier Way during the race.

This run is in memory of our good friend and classmate, *Ryan "Whitey" Weitzel*. The money raised will fund two graduation scholarships given in his memory. All monies raised above the scholarship amounts will be donated to charity.

2019 Release and Waiver
(Please use one form per family.)

Name of Runner (s) _____

I know that running is a potentially hazardous activity. I should not enter and run unless I am medically able. I assume any risks associated with running this event including, but not limited to, falls, contact with other participants, and the effects of weather and conditions of the course. I understand I am solely responsible for my own safety while traveling to and from or participating in this event.

Knowing these facts and in consideration of your acceptance of my entry, I hereby for myself, my heirs, executors, administrators, or anyone else who might sue on my behalf, agree not to sue, and waive, release, and discharge the sponsors or contributors to this event, any race officials, volunteers, the city and police agencies, their representatives successors or assignees from any and all claims of liability for death, personal injury, or property damage of any kind or nature whatsoever arising out of, or in the course of my participation.

The release form and waiver extends to all claims of every kind or nature whatsoever, foreseen and unforeseen, known and unknown. The undersigned further grants full permission to use any photographs, videotapes, motion pictures, recordings, or another record of the event for any purpose. Minors will be accepted with a parent's signature.

Signature of participant (legal guardian if participant is under age):

_____ Date _____

Name and phone # of Emergency Contact _____

Doctor's Name _____

Preferred Hospital _____

Special Medical Conditions (indicate who)

Allergies (indicate who) _____
