

# Trial Run 2007 Race Registration

**To register:** Mail the waiver and check to: Legal Aid of Southeastern PA, 14 East Biddle St., West Chester, PA 19380 Attention: Race Registration.

**PLEASE READ CAREFULLY  
BY SIGNING THIS FORM, YOU ARE WAIVING ALL RIGHTS TO  
COMPENSATION IN CASE OF INJURY**

I UNDERSTAND THAT MY PARTICIPATION IN THE TRIAL RUN 5K RACE IS COMPLETELY VOLUNTARY AND AT MY OWN RISK AND THAT NO ASSURANCE GUARANTEEING MY SAFETY IS BEING MADE. I FURTHER AGREE TO HOLD LEGAL AID OF SOUTHEASTERN PENNSYLVANIA, ITS OFFICERS, TRUSTEES, EMPLOYEES, REPRESENTATIVES, ATTORNEYS, AGENTS, SUCCESSORS AND ASSIGNS, THE BOROUGH OF WEST CHESTER, THE TRIAL RUN RACE COMMITTEE MEMBERS, ALL OTHER ORGANIZATIONS DIRECTLY OR INDIRECTLY ASSOCIATED WITH THIS TRIAL RUN EVENT, ANY AND ALL OF THE SPONSORS, INCLUDING THEIR AGENTS, EMPLOYEES OR ASSIGNS OR ANYONE ACTING ON THEIR BEHALF, OR ANYONE ELSE ASSOCIATED IN ANY WAY WITH THIS EVENT, COMPLETELY HARMLESS OF ANY AND ALL LIABILITY IF I SUSTAIN AN INJURY. BY SIGNING THIS WAIVER, I AGREE TO ASSUME FULL RESPONSIBILITY FOR ANY INJURY OR INJURIES, BOTH PHYSICAL AND MENTAL, THAT I MAY SUSTAIN PARTICIPATING IN THIS EVENT. I AGREE ON BEHALF OF MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNEES, AND ANY OTHER PERSONS WHO MAY MAKE CLAIMS FOR ME, TO HEREBY REMISE, RELEASE AND FOREVER DISCHARGE ALL OF THE AFOREMENTIONED PARTIES FROM ANY AND ALL CLAIMS, DEMANDS, LOSSES, COSTS, CAUSES OF ACTION, KNOWN OR UNKNOWN, IN THE EVENT I SUFFER INJURIES INCLUDING, BUT NOT LIMITED TO, PHYSICAL, AS WELL AS MENTAL INJURY.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or guardian must sign if participant is under 18: \_\_\_\_\_  
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Last name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age on race Day: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_