

Donegal Insurance 3 Bridges 5k

(Part of the Harrisburg Half Marathon)

Sunday, September 9th, 2018

___ February 1st to March 31st - \$25

___ April 1st to September 3rd - \$30

Make checks payable to East Shore YMCA and mail to: East Shore YMCA
701 N. Front Street
Harrisburg, PA 17101, Attn: Tom Gifford

Name: _____

T-Shirt Size: **circle one** - S M L XL XXL

Address: _____

Email: _____

City: _____ State: _____

Gender: _____ Age (on 9/9/18): _____

Zip: _____

D.O.B. (mm/dd/yy) _____

Telephone: _____

***All mail-in registrations must be received by Monday, September 3rd**

No refunds will be issued.

WAIVER AND RELEASE In consideration of your accepting this entry, I hereby, intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights for liability and damages I may have against any sponsor, volunteer, and/or official of the Harrisburg Half Marathon, Harrisburg Area YMCA, City of Harrisburg, Dauphin County, Susquehanna Township, and their representatives, successors, and assigns for any and all injuries or death suffered by me in or arising by said event. I acknowledge that it is my responsibility to understand the risks and precautions I should take. I attest that I am who I claim to be, am physically fit, and have sufficiently trained for this event. I acknowledge that bicycles, skateboards, baby joggers, roller skates or inline skates, wheelchairs, audio headsets, and animals are prohibited in this event. I agree to not cover, alter, or transfer my assigned race number to another on pain of my and my transferee's disqualification from this and future events. I further acknowledge that my entry fee is non-refundable and non-transferable. I also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event. 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 my physical condition has been verified by a licensed Medical Doctor. 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 waiver.

Signature: _____ Date: _____

Parent's Signature (If younger than 18): _____

For more information, visit

www.YMCARun.com