

IMPORTANT!

In addition to the 10 K, 5K and 1 mile walk/run, there will also be massages, Dinger Dogs, face painting, spray tans and much more!

Course: All three races leave the YMCA, take you through Brookville and circle back to the YMCA.

Prize Categories:

Prizes given to top finisher in each age division for top male and female in each race—kids 8 and under all receive a ribbon for finishing!

ALL PRE-REGISTERED RACERS WILL RECEIVE A RACE T-SHIRT! .

Registration:

Pre-registration is preferred.

Race Day registration: 9 -10:45 AM

Pre-registration fee is \$15 (short) and \$18 (long) (if received on or before 5/9/12)

Race-day fee is \$20

Checks payable to: Brookville YMCA



Proceeds from the event benefit the Melanoma Foundation.



Rays of Hope!

Brookville YMCA
125 Main Street
Brookville, PA 15825

814-849-7355
www.brookvilleymca.com

Rays of Hope Run

Brookville YMCA
Supports Miles for Melanoma

Brookville YMCA
1 Mile 5K or 10K
Run / Walk



Date: 5/19/2012
11 AM Start Time

Start/Finish @ Brookville
YMCA - 125 Main Street.

ALSO FEATURING:

Dinger Dogs, spray tans, face painting and much more!

Rays of Hope Waiver:

I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness, or death. _____ (initial.)

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the inherent risks of the activity for which I and/or my children am responsible, will engage in, I confirm that I am/we are physically and mentally capable of participating in the activity and/or using equipment. I/we participate willingly and voluntarily and I assume responsibility for damages to or loss of my/our personal property. I also assume risk for accidents or injury caused during the race. I agree to follow all race rules. I assume the risk(s) of personal injury, accidents and/or illness, including but not limited to wounds, scrapes, abrasions and/or contusions, oxygen shortage, head, neck, and/or spinal injuries, shock, paralysis, and/or death.

COVENANT OF GOOD FAITH: I recognize that you, as provider of services, will operate under a covenant of good faith and fair dealing, but that you may find it necessary to refuse or terminate, the participation of any person you judge to be incapable of meeting the rigors or requirements of any activity. I accept your right to take such actions for the safety of myself and/or other participants.

AUTHORIZATION: I hereby authorize any medical treatment deemed necessary in the event of any injury or illness while participating in the activity. I either have appropriate insurance or, in its absence, agree to pay all costs of rescue and/or medical services as may be incurred on my/our behalf. I agree that any film or photographs of me/us, as participants, become property and may be used for promotional or commercial purposes.

RELEASE: In consideration of services provided, I, for myself and my children for whom I am parent, legal guardian or otherwise responsible, any heirs, personal representatives or assigns, do hereby release:

Brookville YMCA, its principals, directors, officers, agents, employees, and volunteers, from all liability and waive any claim for damage arising from any cause whatsoever (except that which is the result of gross negligence).

I have read and understood the foregoing acknowledgment of risks, assumption and responsibility, and release of liability. I understand that by signing this form I may be waiving valuable legal rights.

PARTICIPANTS NAME (PRINTED): _____

AGE: _____

SIGNATURE: _____

DATE: ____/____/____ PHONE:(____)_____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

IF PARTICIPANT IS UNDER 18, THE PARENT OR LEGAL GUARDIAN MUST ALSO

SIGN: X _____

RAYS OF HOPE ENTRY FORM:

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE:(____)_____ **M/F:**_____

SHIRT SIZE: YS YM YL AS AM AL AXL

(Please circle your choice)

Short Sleeve _____ **Long Sleeve** _____

Please indicate the event in which you will participate:

Event: 1 Mile Walk or Run _____

5K Race _____

10K Race _____

Please detach and return Rays of Hope Waiver

(on left) AND ENTRY FORM along

with entry fee to:

**BROOKVILLE YMCA
125 MAIN STREET
BROOKVILLE, PA 15825**

Questions??

Call (814)849-7355

Each participant is encouraged to raise donations for the Brookville YMCA's Rays of Hope Event. Each participant bringing donations will be entered to win prizes. Any participant raising over \$50 will be eligible for top prizes. Participants with highest amount of donations get first pick of all prizes. Please fill in sponsor information for donation

Sponsors Name (print clearly)	Phone Number	Donation Amount

Rays of Hope

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