

QUALITY LIFE CUP SERIES 5K RACES REGISTRATION FORM

Guaranteed Complimentary T-SHIRT With Advance Registration

5K ENTRY FEE (for each race in series) \$12.00 Advance • Day of Event \$15.00

Make Check Payable To:
QUALITY LIFE SERVICES • 612 North Main Street • Butler, PA 16001



Trinity Living Center, Grove City—Tuesday, May 25, 2010 -----
 400 Hillcrest Ave., Grove City, PA 16127 7:00 p.m.



Fair Winds Manor, Sarver—Tuesday, June 15, 2010 -----
 126 Iron Bridge Road, Sarver, PA 16055 7:00 p.m.



Chicora Medical Center, Chicora—Tuesday, July 13, 2010 -----
 160 Medical Center Road, Chicora, PA 16025 7:00 p.m.



Countryside of Mercer—Tuesday, August 24, 2010 -----
 8221 Lamor Road, Mercer, PA 16137 7:00 p.m.



Sugar Creek Rest, Worthington—Tuesday, September 14, 2010 -----
 120 Lakeside Drive, Worthington, PA 16262 7:00 p.m.



Emlenton's Laurel Manor, Emlenton—October 10, 2010 -----
 400 River Avenue, Emlenton, PA 16373 2:00 p.m.



Total Races Entered _____
X 12.00

Total Registration Fee _____

www.5k.QualityLifeServices.com

SHIRT SIZE: S M L XL

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone: _____ **Gender:** Male Female **Age** _____

I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release this race series and all organizers, sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I also release any photos that may involve myself. Participant Signature Parent or Guardian:

Signature _____ **Date** _____