

Legs Against Arms VI

Entry Form (you may copy this form)

Register online by 4/25/12 at www.legsagainstarms.org
- or -

Make checks payable to **PSR** and mail with signed entry to:
Legs Against Arms VI

P.O. Box 1552, West Chester, PA 19380

*Note - mail must be postmarked by 4/21/12, otherwise register online by 4/25 or in person on race day.

Name: _____

Address/Apt: _____

City, State, Zip: _____

Phone: _____ Email: _____

Age (on race day): _____ DOB: _____ Sex (circle one): M F

T-shirt (circle one): S M L XL (size not guaranteed)

Running in Memory of (optional): _____

Team Name (optional): _____

Check this box if you are the team captain.

Division - Please check one	Pre-Registration	Race Day Registration
5K Race (electronic scoring, eligible for prizes)		
<input type="checkbox"/> 5K Race - Adult (15 & over)	\$30	\$35
<input type="checkbox"/> 5K Race - Youth (14 & under)	\$15	\$20
5K Fun Run/Walk (self-timed, no race prizes)		
<input type="checkbox"/> 5K Fun Run/Walk - Adult (15 & over)	\$25	\$30
<input type="checkbox"/> 5K Fun Run/Walk - Youth (14 & under)	\$10	\$15
Donation in support of anti-violence programs: \$ _____	Total Enclosed: \$ _____	

WAIVER: I hereby waive all claims against Physicians for Social Responsibility, sponsors, contractors, volunteers, or any personnel for any injury I might suffer in this event. I attest that I am physically fit and prepared for this event. I assume all risks associated with running/walking in this event including, but not limited to: falls; contact with other participants; the effects of the weather, including high heat and/or humidity; traffic; and the condition of the road, all such risks being known and appreciated by me. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts and promotions of this event.

X _____
ENTRANT SIGNATURE DATE

X _____
PARENT/GUARDIAN SIGNATURE (if entrant under 18) DATE