

5K & ALL-ABILITIES WALK

SATURDAY, OCT 17, 2026

VETERANS MEMORIAL STADIUM, SCRANTON



Name: _____

Age: _____ Circle One: Male Female

Circle One: 5K RUN - \$25 2-MILE WALK - \$15

Email: _____

Address: _____

City: _____ State: _____

Zip: _____ Phone: _____

RACE PARTICIPANT WAIVER: READ BEFORE SIGNING

In consideration of being allowed to participate in any way in Allied Services Integrated Health System 5k, 2-mile walk and all-abilities walk on Saturday, October 17, 2026. I, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this event is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Allied Services, the Lackawanna Heritage Trail, the Scranton School District, Scranton Running Company, SRC Race Management, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(Participant's Signature) DATE SIGNED: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

(Parent/Guardian Signature) DATE SIGNED: _____

Emergency Phone Number: (_____) _____