

MEELARD SHUFFLE

5K Cross Country Race

Saturday July 26, 2008

9:00 am. - Elverson, PA

Jan Millard Memorial Cross Country Race

Located at: Twin Valley High School

Elverson, PA

**The 5K (3.1 mi.) Race
Begins at 9:00am.**

KIDS

**1/2 Mile Fun Run
Begins at 10:00am.**

TOP PRIZE

Prize for the
overall top male
& female finisher.



Timex Heart Rate Monitor

Compliments of:  **FINGER LAKES**
RUNNING COMPANY

Register Online
www.meelardshuffle.com

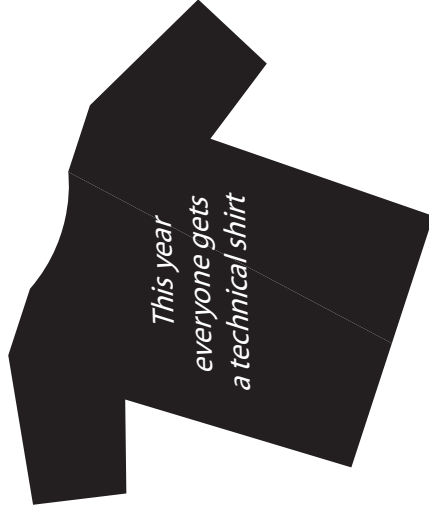
Features

Technical Shirt with Race Entry

Grass Course

Awards

Food & Refreshments



**Awards for the top 3
in each age group.**

Male & Female

10-13, 14-18, 19-29,

30-40, 41-55, 55-65, 66+

Race Director: Robert Hamm
Phone: 610-777-8186
email: robertlhamm@hotmail.com

Acknowledgement, waiver and release from liability

I acknowledge that running is an extreme test of a person's physical and mental limits and comes with the potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISK OF PARTICIPATING IN RUNNING EVENTS. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person. I also know that, although police protection will be provided, there will be traffic on the course route. I ASSUME THE RISK of running in traffic. I ALSO ASSUME ANY AND ALL OTHER RISK WITH RUNNING THIS EVENT, including but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and the condition of the roads, all such risks being known and appreciated by me. In consideration for allowing me to participate in this event, I hereby take the following action for myself, my executors, administrators, heirs, next of kin and successors, and aver (a) WAIVE, RELEASE AND DISCHARGE from any and all claims or liabilities for death, personal injury, property damage or damages of any kind that arise out of or relate to my participation in, or my traveling to and from the Twin Valley School District "Meelard Shuffle" 5K Cross Country Race and Family Fun Run, THE FOLLOWING PERSONS OR ENTITIES: Twin Valley School District, Meelard Shuffle Staff and its and the respective directors and officers, agents, servants and employees, and all event sponsors, race directors, event producers, volunteers, and (b) AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities I have waived, released and discharged. The undersigned further grants full permission to the parties listed above and/or agents authorized by them, to use any photographs, video tapes, motion pictures, recording or other record of this event for any purpose. Applications for minors will be accepted only with a parent's signature.

Club Name _____
 Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 email _____
 Age _____ Sex: Male Female
 T-Shirt Size ___S___M___L___XL (First 100 Registrants Only)
 Participants Signature _____ Date _____
 Parent Or Guardian _____ Date _____
 Entree Fee Before July 14th, 2008 **\$20.00**
 Entree After July 14th, 2008 up to race day **\$25.00**
 KIDS 1/2 Mile **\$0.00**
 Make Check Payable to: **Meelard Shuffle**

DETACH & MAIL TO:

Mail to: Robert Hamm
c/o Meelard Shuffle
1495 Alleghenyville Road
Mohnton, PA 19540