



**COLONIAL PARK FIRE CO., 7TH ANNUAL 1ST ALARM 5K RUN/WALK
OCTOBER 7, 2017. 433 S. HOUCKS ROAD, HARRISBURG, PA 17109**

**REGISTRATION BEGINS AT 7:30AM
RACE STARTS AT 9:00AM
WWW.COLONIALPARKFIRE.ORG**

T-SHIRT GUARANTEE IF REGISTERED BY SEPTEMBER 17, 2017

Wheel measured rolling road race starting and ending at the Colonial Park Fire Company. The race follows the residential streets of our primary response area with VERY VISIBLE COURSE MARKINGS and ASSISTANTS at intersections.

Prizes will be awarded to the top runners for both male and female in each age group. Age groups consist of: U15, 16-19, 20-29, 30-39, 40-49, 50-59, 60-69, and 70 and over.

****Unique award for the 1st, 2nd, and 3rd overall top runners. (no duplication)****

Refreshments will be provided for all race participants at the fire house prior to the race. A lunch will also be provided after the race in conjunction with our annual Open House.

Race Registration Form

Race Entering:

5K Run/Walk w/t-shirt \$20.00

5K Run/Walk w/out t-shirt \$15.00

****Day of Registration is \$25.00 and there is no t-shirt guarantee****

Shirt Size:

small

medium

large

x-large

Runner's Information:

Male

Female

Age on Race Day: _____

Last Name: _____

First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

In consideration of your permitting me to participate in this event, on behalf of myself, my heirs, executors, administrators, successors and assigns, I hereby waive and release COLONIAL PARK FIRE CO. of all rights and claims for damages which I may have against you or your assigns, Lower Paxton Township, in which the event occurs, or anyone connected with the event, their heirs, executors, administrators, successors, and assigns, for any and all injuries or illnesses which I may suffer as a result of taking part in the event. I grant my permission to use my name or any photos, audio or visual recording for any lawful purpose.

NOTE: Volunteers will be on hand to guide participants; however, roads will be open to traffic.

I have read & understand the above waiver.

Signature: _____

Date: _____

Parent's Signature: _____
(if under 18 years of age)

Date: _____

Please mail completed form w/ payment to:
Colonial Park Fire Company, Attn: 5K, 433 S Houcks Rd., Harrisburg, PA 17109
Please make checks payable to Colonial Park Fire Company