

**SECOND ANNUAL  
SNOWBLAST FROSTBITE FUN RUN!  
SUNDAY, FEB. 8, 2009**

WHO: Children ages 5 through 14

WHAT:	<u>AGES</u>	<u>DISTANCE</u>
	5 - 6	0.2 miles
	7 - 8	0.2 miles
	9 - 10	0.5 miles
	11 - 12	0.5 miles
	13 - 14	0.9 miles

WHEN: Start Time: 1:00 PM                      Check-In: 12 – 12:30

WHERE: Ridge Street across from Emmaus Public Library

**\*\*\*\* SPONSORS \*\*\*\***

**The Finish Line \* Lehigh Valley Road Runners \* Runner's World**

Race Waiver: The undersigned is the parent or legal guardian of the minor whose name appears on the entry form below. I know that running is a potentially hazardous activity. I know that the minor should not enter and run unless medically able and properly trained. On behalf of the minor for whose benefit I am executing this waiver, I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, traffic and the conditions of the sidewalk / road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry I, for myself, the minor and anyone entitled to act on my behalf, or on the minor's behalf, waive and release the SnowBlast Winter festival organizers / sponsors and the borough of Emmaus and its employees from all claims or liabilities arising out of the minor's participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I further authorize and empower the event director to consent to and authorize any medical care or treatment for the minor which may appear reasonably necessary as a result of emergency, accident or illness of the minor whether occurring before, during, or after the event. I grant permission to all of the foregoing to use any photographs or other record of this event for any legitimate purpose.

**\*\*\*\*\* Parent or guardian MUST stay to supervise the children \*\*\*\*\***

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ENTRY FORM

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age (as of Feb. 8) \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

I have read the waiver above and agree to its terms and conditions.

Parent of Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_