



LEGS /	AGAINST ARMS \		Form	
	Please make copies a			
** Register onlin	e by 4/4/14 at <b>ww</b> y	w.legsagai	nstarms.ir	1fo **
Make check	– or – s payable to <b>PSR</b> and ma	il* with signe	ad entry to:	
Wake check	Legs Against Arm	-	tu entry to.	
Р	.O. Box 1552, West Ches		)	
e – must be postmarked by 3/28/14	, otherwise register online i	by 4/4 or in-pe	rson on race d	ay beginning at 7:3
Name:				
Address/Apt:				
City, State, Zip:				
Phone:	Email:			
Date of Birth://	Age (on race day):	Se	_ Sex (circle one): M F	
<b>T-shirt</b> (circle one): S M L XL Size not guaranteed.			s 5k Fun ice Walk/R	
Running in Memory of (optional)	):			
Team Name (optional):				
Check t	his box if you are t	he team ca	aptain: [	
Description (circle one)	EARLY COST Postmark by 3/28 or online by 4/4		LATE COST	
Youth - 12 & Under	FREE	ine by 4/4	In person on Race Day, 4/6 FREE	
No t-shirt / no scoring <b>Youth - 13 to 18</b> Includes t-shirt / no scoring	\$15		\$20	
Adult - 19 & Over Includes t-shirt / no scoring	\$25		\$30	
<b>5K Race</b> – All Ages Includes chip timing & t-shirt	\$30		\$35	
<b>Donation</b> in support of anti-violence programs: \$		Total Enclo	<b>sed</b> : \$	

WAIVER: I hereby waive all claims against Physicians for Social Responsibility, Arcadia University, Cheltenham Township, 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.

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ENTRANT SIGNATURE

DATE