Mail-In Deadline:
Postmarked on or before
June 11, 2010

Help the race save time and money, register online!
www.active.com (search Father's Day 5/10k)

Race applications available at most Giant Eagle and Dicks. This form can be duplicated.

PLEASE PRINT

Last Name _____ First Name _____ Initial ☐

Address _____

City _____ State ☐☐ Zip _____ Daytime Phone ☐☐☐ ☐☐☐ ☐☐☐☐

Email _____ ☐ "in Memory Of" race bib ☐ "In Honor Of" race bib

Sex ☐ Age as of June 20, 2010 ☐☐ Date of Birth ☐☐ ☐☐ ☐☐ Prostate Cancer Survivor ☐ (optional)

Volunteer Yes No (Circle one) Father Son/Daughter Look Alike Participant ☐ Team Name _____

Circle one event: **1.** 10k Run **2.** 5k Run **3.** 5k Walk **4.** Fun Walk

Circle division: **1.** Under 12 **2.** 13-15 **3.** 16-19 **4.** 20-24 **5.** 25-29 **6.** 30-34 **7.** 35-39 **8.** 40-44 **9.** 45-49 **10.** 50-54 **11.** 55-59 **12.** 60-64 **13.** 65-69 **14.** 70+

Circle one shirt size: ***Adult:*** **1.** S **2.** M **3.** L **4.** XL **5.** XXL (First 1000 registered participants receive a race t-shirt, others while supplies last.)

Payment

$25.00 Registration fee
$15.00 Registration fee Fun Walk

Mail-In Registration

Check or money order
Postmarked by June 11, 2010

Enclosed _____

Donation _____

Payable to:
Obediah Cole Foundation
PMB 352 • 4017 Washington Rd.
McMurray, PA 15317-2520

Online Registration

www.active.com search Father's Day 5/10k
Credit card payment accepted on line, closes June 16, 2010 at 12:00 am
Obediah Cole foundation
DONATION FORMS available at **www.fathersday5k.com**, **obcole-foundation.org** or or call 412-572-6830

Race waiver and release (Participant must sign in order to be eligible to participate in Race): I, the undersigned, assume full and complete responsibility for any injury or accident which may occur during my participation in the event or while I am on the premises of the event. I the undersigned declare that myself, my heirs, executors, administrators and assigns waive and release any and all rights and claims for damages I may have against OCF, PCEC and/or any sponsors of this event, their officers, directors, agents and any representative there of, their successors and assigns for any and all injuries suffered by me of any nature. I understand that a foot race may be a hazardous activity and I certify that I am properly trained and that my physical ability to participate has been confirmed by a licensed medical doctor.
I hereby grant permission to Obediah Cole Foundation and any sponsor of this event to use my name likeness and voice as well as photographs, video tape, motion pictures, recordings or any other record of this in which I may appear for any legitimate purpose including television broadcasting of this event, the re-use of any media of this broadcast and in advertising and promotion for such broadcast and use. As an amateur high school or college athlete, I understand if I place in the top three places in my age group, I am limited under Interscholastic and Intercollegiate rules to receive only a trophy.

SIGNATURE _____ DATE _____

_____

(Parent or Guardian Signature IF PARTICIPANT IS UNDER AGE 18)

All entry forms must be signed