



HOSACK HARRIER HUSTLE

Saturday, June 3, 2017

Longview Shelter, North Park

NAME _____

AGE ON RACE DAY: _____ RACE OPTION: ___ 10K ___ 5K ___ 1 KILOMETER DASH

EMAIL ADDRESS _____

MAILING ADDRESS _____

PHONE NUMBER _____

If registering at the \$75 family rate, please enter the name, age and race preference for additional family members. All family members must reside at the same address.

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- \$20 5K or 10K
- \$10 1 Kilometer Dash
- \$75 Family Registration (only 3 race hats per family)

I hereby certify that I am in good physical condition and hereby assume all risks and liabilities related to my participation. I understand the race course is a mixture of dirt roads and trails with uneven surfaces. I hereby for myself, my heirs, executors, administrators, and assigns, release the Hosack PFA, All Race Sponsors, any municipalities or other public entities (and their respective agents and employees) and all volunteers from all claims for injury suffered by me while participating in this event. I understand that the entry fee is non-refundable. I also give permission for free use of my name, picture, or likeness for any purposes related to the race.

Signature: _____

Signature of Parent/Guardian of Minor: _____

Mail with check payable to Hosack PFA to Elaine Davis, 1773 Ferguson Rd., Allison Park, PA 15101