



9th Annual Max Fine Memorial 5K Race
Sunday, October 4-11, 2020
5K (3.1 Mile) Run & 1 Mile Walk
www.maxfinememorial5k.com

Contributions will benefit



Registration Form – One Per Person

Name: _____ Age on Race Day: _____ Date of Birth: _____

Address: _____ City/State/Zip _____

Email: _____ Phone: _____

Emergency Contact: _____ Emergency Contact #: _____

Sex: Male Female **I Will:** WALK RUN **T-Shirt Size:** YS YM YL S M L XL 2XL 3XL
(PLEASE CIRCLE)

Adult Registration fee: \$25.00 **Child Registration fee (age 14 and under):** \$15.00

All proceeds benefit the Muscular Dystrophy Association (MDA)- 501-3C Non-Profit

*****All Registrants will receive a T-shirt and Race Medal**

“In consideration of the acceptance of my application/entry form for the 9th Annual Max Fine Memorial Virtual 5K Race, I for myself, my heirs, executors and administrators, waive and release any claims for damages I may have against the race director, Michael Fine or support staff of the Max Fine Memorial 5K Race, all race sponsors, or officials, and the Muscular Dystrophy Association (MDA) for any and all liabilities, damages, demands, causes of actions whatsoever in any manner, related to my participation in said race and attest and verify that I am physically fit and have sufficiently trained for the competition of the event, and my physical condition has been verified by a licensed medical doctor. I will safely choose my location to walk or run my virtual race between 10/4-10/11/20, and I assume all risks associated with participating in this event. I further agree to abide by the Center of Disease Control (CDC)’s recommendations for the prevention of the spread of COVID-19 and attest to having read the CDC’s guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>. Furthermore, I hereby grant full permission to any and all of the foregoing to use photographs, video tapes, motion pictures, recordings or any other records of this event for any purpose whatsoever. The official race director reserves the right to reject an entry.”

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature of Parent or Guardian is REQUIRED for participants under 18 years old

Please mail this form with check or cash enclosed by Friday, October 9, 2020 to the address listed below:

Please Mail To: Mrs. Sandi Fine
 100 N. Dawes Ave
 Kingston, PA 18704

Checks Payable To: Muscular Dystrophy Association (MDA) **OR** Max Fine Memorial Association

***** OR REGISTER ONLINE by Sunday, 10/11/20 at 11:59pm @ WWW.MAXFINEMEMORIAL5K.COM**