



**SOLO, ULTRA TEAM and RELAY
TEAM
CHAMPIONSHIPS**
Saturday, **September 6, 2008** at 7:00 a.m.

INDIVIDUAL & 5-PERSON TEAM ENTRY FORM

SEPTEMBER 6, 2008

GROUNDHOG FALL 50K

Name

Team Name (if any)

(to qualify for 5-member Team Awards)

Address

City, State, Zip

Emergency Contact

Name

Phone

Age on Sept. 6, 2008

Age

Gender

Your E-Mail / Phone

E-mail

Phone

Housing Request

How Many Persons?

T-Shirt Size

Medium

Large

X-Large (guaranteed with preregistration)

Entry Fee

**Extra Pre-Race Dinner
Tickets**

Adults

Children (under 10)

Total Amount Enclosed

Questions/Comments

**Complete the fields above, print the form, read and sign the waiver, then mail to the address below with a
Check or Money Order**

Waiver: By signature, I attest that I am physically fit and sufficiently trained to participate in this event. I have full knowledge of the risks involved. I further acknowledge that the race course contains uneven surface conditions, including, but not limited to, tree roots, streams, rugged terrain, potholes, and curbs which may create a risk; I further acknowledge that a part of the race is on public roads and that vehicular traffic may be encountered, and I accept these risks. Therefore, in consideration of the acceptance of my entry, I for myself, my heirs, my executors, and administrators waive any and all rights and claims for damages I may have against the Punxsutawney Road Runners Club, race sponsors, Punxsutawney Borough, Young and McCalmont Townships, and any individuals associated with this event and will hold them harmless for any and all injuries I may suffer in conjunction with this event. I HAVE READ AND UNDERSTAND THIS LIABILITY RELEASE.

Participant Signature _____ **Date** _____

(NOTE - No 50K participants under the age of 18)

INSURANCE PROVIDED BY ROAD RUNNERS CLUB OF AMERICA

PLEASE MAKE CHECKS PAYABLE TO Punxsutawney Road Runners Club

MAIL TO: RD John Goss, 302 Indiana Street, Punxsutawney, PA 15767

