



**8th Annual Max Fine Memorial 5K Race
 Sunday, April 28, 2019 at 10:30 AM
 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 **Race Day Registration:** \$30 (Adult)
 \$20 (Child)

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

Race Day Packet Pick-up (8:30 am -10:00 am) at: W-B Family YMCA - 40 W. Northampton St. Wilkes-Barre, PA 18701

Race Start/Finish: Near Intersection of S. River St. and W. Northampton St. (Out & Back Course)

Age Ranges: (Male/Female)

| | | | | |
|------------|-------|-------|-------|-----------|
| 14 & Under | 20-24 | 30-34 | 40-49 | 60-69 |
| 15-19 | 25-29 | 35-39 | 50-59 | 70 & Over |

Awards to: 1st, 2nd, and 3rd Place Male & Female Runner – Overall
 1st and 2nd Place Male & Female Runner - Age Group

Refreshments available immediately after race at Wilkes-Barre Family YMCA. Award Ceremony begins at 11:15 AM.

“In consideration of the acceptance of my application/entry form for the 8th Annual Max Fine Memorial 5K Race, I for myself, my heirs, executors and administrators, waive and release any claims for damages I may have against the race director or support staff of the Max Fine Memorial 5K Race, the City of Wilkes-Barre, all race sponsors, or officials, the Wilkes-Barre Family YMCA, and the Muscular Dystrophy Association (MDA) for any and all damages, demands, actions whatsoever in any manner, as a result of 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. 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 Wednesday, April 24, 2019 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 Friday, 4/26/19 at 11:59pm @ **WWW.MAXFINEMEMORIAL5K.COM**