

of damages, actions and causes of action, whatsoever, in any manner arising out of my participation in this athletic event. I also hereby attest that I am physically fit and able to participate in the Cutters 5K Race. I further grant full permission to Hope Enterprises/Hope Foundation, the Williamsport Crosscutters and/or agents authorized by them to use any photograph, videotape or any other record of this event for any purpose without compensation. Applications for minors (under 18) will be accepted only with the signature of a parent or avardian. Disability Accommodations: This event is open to wheelchairs, strollers, and any other wheeled mobility equipment to help promote an inclusive approach to health and wellness. All ages and all abilities are encouraged to participate. SIGNATURE

PARENT'S OR GUARDIAN'S SIGNATURE (IF UNDER 18) DATE

Send checks/entries to: Hope Foundation, Attn: Cutters 5K, 2401 Reach Road, Williamsport, PA 17701 Register online at www.falconracetiming.com (CLICK ON REGISTRATION)

Presented in part by

WILLIAMSPORT SUN-GAZETTE



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**Questions?** Woodlands 570.974.8064