



LANCASTER COUNTY'S ORIGINAL HALF MARATHON!

Select Event	By April 5	By July 5	By Sept. 5	By Sept. 28	Race Day
<input type="checkbox"/> Half Marathon	\$55	\$60	\$65	\$70	\$75
<input type="checkbox"/> 10K	\$40	\$40	\$45	\$45	\$50
<input type="checkbox"/> 5K	\$30	\$30	\$35	\$35	\$35

Date of Entry: _____

First Name: _____ M.I. _____ Last Name: _____

Gender: Male Female Date of Birth: ____/____/____ Age: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

T-shirt: Women's Men's
 Small Medium Large X-Large

Bib Assignment: _____
For race staff only

Waiver of Liability (Required for Participation)

I understand that participating in this event is potentially hazardous, and that I will not enter and participate unless I am medically able and properly trained. I assume full and complete responsibility for any injury or accident which may occur while I am traveling to or from the event, during the event, or while I am on the premises of the event. I am also aware of and assume all risks associated with participating in this event, including but not limited to falls, contact with other participants, effects of weather, heat, traffic, and conditions of the road. I, for myself, my heirs, executors and administrators, and anyone entitled to act on my behalf, waive, release and forever discharge the Children's Museum of Lancaster, Inc. d/b/a "Hands-on House," and all employees, members of the Board of Directors, volunteers, sponsors, their representatives and successors from all present or future known or unknown liabilities claims, actions, or damages arising out of my participation in this event even though that liability may be out of negligence or carelessness on the part of the person named in this/the waiver. If I am a parent or guardian for a participant, I consent to my child's participation and agree to the terms of this waiver and hereby release any derivative claims that arise out of my child's participation. I grant permission to all of the foregoing to use my photographs, recordings or any other record of this event for any legitimate purpose.

Signature of Entrant: _____

Parent/Guardian Signature: _____

All individuals under 18 years of age must have this form signed by a parent to participate in the race.

Cash (full amount due) Check (payable to Hands-on House) VISA MasterCard

Card Number: _____ Exp. Date: _____

Check Number: _____ Amount: _____

Please mail completed registration form & check to:

Hands-on House, ATTN: 2019 Race
 721 Landis Valley Road, Lancaster, PA 17601



717-569-5437
 handsonhouse.org