

The Publix Charities 15th Annual

Leprechaun Leap 5K Run/Walk

Saturday March 18, 2017— Race Begins at 9:00 AM

Check In and Registration Begins at 8:00 AM



General Rules

One Registration form per person (Photocopies of this form are acceptable)

GIRLS ON THE RUN PARTICIPANTS CAN RUN FOR FREE

Mail this form and your check payable to:

Clover YMCA
107 S. Main Street
Clover, SC 29710



****All proceeds will go to the YMCA's Programs for Special Needs Children & Adults****

Racer Information:

Age on race day: _____ Date of Birth _____ Gender: Male Female
Last Name: _____ First Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Email: _____
Emergency Contact Name: _____ Phone: _____

Event Information (please select one):

- ⇒ 5K Run Walk
 - ⇒ I am unable to participate, please accept my enclosed donation
 - ⇒ I would like to volunteer on race day
- Email: _____

Irish Costume Prizes!



Registration Donation (per person)

- \$10 Adults Early Registration (\$20 Day of Race)
- \$5 Children 12 and under (\$10 Day of Race) (5 and under are free)
- \$ _____ Donation to YMCA's Programs for Special Needs Children and Adults

****Race will begin at the back of The First Baptist Church of Clover****

Waiver and Release:

In consideration of the acceptance of my entry in the 2017 Leprechaun Leap 5K I, for myself, my executors, administrators and assignees, do hereby release Upper Palmetto YMCA, Town of Clover, and any other contributing sponsors and supporters of this race and their respective officers, members, agents, volunteers and employees from all claims arising or growing out of my participation in the 2017 Leprechaun Leap. I attest and verify that I have knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this event. I also give permission for future use of my name and picture in any broadcast or print media account of the event. I understand that the entry fees are non-refundable.

I have read, understood, and accept the agreement above. My submission of this form shall act as my legal signature. Signature of: registrant if over 18 years of age, or parent/legal guardian of minor, incapacitated, or mentally challenged person.

Participant (or Parent/Guardian if under 18) Signature: _____ Date: _____