

# The Publix Charities 17th Annual Leprechaun Leap 5K Run/Walk

Saturday March 16, 2019 - Race Begins at 9:00 AM

Check In and Registration begin at 8:00 AM



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 Scholarship Fund\*\***

## 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: \_\_\_\_\_

Circle Shirt Size: YM YL AS AM AL AXL A2XL A3XL

Registration must be received by February 28th to  
guarantee a shirt.

## Irish Costume Prizes!

## 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: \_\_\_\_\_

## Registration Donation (per person)

\$20 Adults Early Registration, through February 28, 2019 (\$25 Day of Race)

\$5 Children 6-13, through February 28, 2019 (\$10 Day of Race) (5 and under free)

\$\_\_\_\_\_ Donation to YMCA's Scholarship Fund

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

## Waiver and Release:

In consideration of the acceptance of my entry in the 2019 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 2019 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: \_\_\_\_\_

**GIRLS ON THE RUN / LET ME RUN PARTICIPANTS RUN FOR FREE**

