

**Advance Registration**

**Deadline:**

November 4th

To be guaranteed a 5K race shirt for \$15



**Post-Race Celebration:**

- ~Snacks/drinks at the finish line
- ~Activities for all ages
- ~Awards recognizing top finisher in the following categories:

- Elementary
- Middle
- High
- Teachers
- Parents
- Seniors (65+)

# 5K Bear Crawl

**Sunday November 15**

(Rain or shine)

**Location: Old National Pike Park-Pavilion #2**

**Race starts at 3:00pm**

**Packet pick up starts at 2:00pm**



**Family Sponsorship**

Only \$100 for your family's race registration fees and to get your name on the back of the race T-shirt

-----Complete form below-----

<b>Entry Fees:</b>	<b>Before 11/1</b>	<b>After 11/1</b>
Adults	15.00	20.00
Staff/Students	10.00	15.00
Family*	30.00	35.00
Family Sponsorship*	100.00	100.00

\*Includes 2 adults & children

Register by mail: Include complete registration form & check payable to OHS

Athletic Boosters and mail to:

**OHS Athletic Boosters- 5K Bear Crawl**

**P.O. Box 741**

**New Market, MD 21774**

There is also a box for registration sheets in front of Mr. Lillard's door (OHS)

<b>Participant's name:</b>	<b>Age:</b>	<b>Grade Level:</b>	<b>Gender:</b>	<b>Fee:</b>
_____	_____	_____	M F	_____
_____	_____	_____	M F	_____
_____	_____	_____	M F	_____
_____	_____	_____	M F	_____
_____	_____	_____	M F	_____

**Want an OHS Bear Crawl T-Shirt? (\$15)**    \_\_\_YM    \_\_\_YL    \_\_\_S    \_\_\_M    \_\_\_L    \_\_\_XL    \_\_\_XXL    \_\_\_\_\_

Address: \_\_\_\_\_ **TOTAL:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Release: In consideration of the acceptance of my entry, I for myself, executors, administrators and assignees, do hereby release and discharge the OHS PTSA and their sponsors and volunteers of all claims or liabilities of any kind arising from my participation in this event, including injury or loss or damage to personal property. I have full knowledge of the risks involved in this event and am physically fit and sufficiently training to walk/run in this event. Further, I grant permission for the use of any photograph or recording of this event for legitimate purposes.

Participant Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

If participant is under 18:  
I am the legal guardian of Participant and hereby consent to his/her participation. I have read the foregoing release and agree on behalf of myself and the participants to its terms.

Participant Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_