



Come on out & RUN on August 24th to SUPPORT
OJR XC/Track Teams!



2nd Annual Coach David Michael 5K &
Kids/Family 1-mile Fun Run/Walk

Our Beloved Coach Michael served the OJR community for over 42 years! &
continues to volunteer his time to our running community!

*100% of registration fees will go to support
OJR Cross-Country & Track Programs.*

Course Description: Fun 5K through the Owen J. Roberts High School Campus finishing in Wildcat Stadium.
For families there will be a 1-mile fun run/walk following the 5K.

Prizes for top Male & Female 5K Runners in different age categories – Awards immediately following races

Schedule* *Rain or Shine*

Registration—7:15-7:45

8am 5K Run Start

9am 1 Mile – Walk/Run

Pricing

Registrations received after July 15th not guaranteed gift

\$40

\$15 (no more than \$50 per family for Fun Run/Walk)

Register by mail using tear off below & mail to: Alpha and Omega Sports, 711 Old Swede Rd, Douglassville, PA
19518 (cks. pay. to: Alpha and Omega Sports Or reg. online @ <https://alphaandomegasports.com/races>



Annual David Michael 5K Registration Form

Name: _____ **Phone:** _____ **Gender:** M F **Age:** _____ **Email:** _____

Street Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Event: 5K Run (\$40) 1 Mile Fun Walk/Run(\$15/ or no more than \$50/family) **Just Donating:** \$ _____
(indicate amount)

Business Sponsorship: _____ **Amount:** \$ _____
(TYPE BUSINESS NAME) (\$100 for display on reusable gifts to registrants)

Waiver:

In consideration of your acceptance of this entry and participation in the "David Michael 5k Run/Walk", I, _____
(hereinafter referred to as "participant") provide the following indemnification to the Owen J. Roberts School District (hereinafter referred to as "the District") with regard to the "David Michael 5k Run/Walk", at the District's Wildcat Stadium on Saturday, August 24th at 8am.

On behalf of myself, my heirs, executors, administrators, successors and assigned and to the fullest extent permitted by law, I hereby waive and release all rights and claims for damages which I may have against the District, its School Directors, Administration and its employees, all sponsors, South Coventry Township, or anyone connected with the event and agrees to defend, indemnify and hold harmless from and against any and all claims, suits, judgments, and demands whatsoever, including without limitation, costs, litigation expenses, counsel fees and liabilities with respect to injury, illness to or death of, which I may suffer as a result of taking part in this event. I have been warned that I must be in good health to participate in this event.

Also, none of the above is responsible for neither the loss of personal items nor any other form of aggravation in connection with this event. I grant my permission to use my name or any audio or visual recording for any lawful purpose.

IN WITNESS WHEREOF, and intended to be legally bound thereby, the participant has entered their duly authorized signature below on the date set forth below.

I have read and understand the above waiver:

Signature of Participant

Date

Signature of Parent or Guardian (if under 18)

Date