

Levee Loop 4.5 Mile Trail Run 2.6 Mile Fitness Walk



Sunday, June 6th 2021

Sign-In: 7:30 am;

Walk: 8:00 am;

Run: 8:30 am.



Registration:

Last Name _____ **First Name** _____ **Municipality:**

Address _____ **Age on Race Day** _____ ☐ Stroud Township ☐ Stroudsburg

City _____ **State** _____ **Zip** _____ ☐ East Stroudsburg ☐ Other

Phone _____ **Email** _____ ☐ email me recreation program announcements

Shirt Size: ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL ☐ AXL **Medical Conditions / Special Needs:** _____

(Must register by **5/24/21** to guarantee shirt.)

Event: ☐ 4.5 Mile Run ☐ 2.6 Mile Walk **Gender:** ☐ M ☐ F ☐ Other

(Event changes cannot be accommodated after **6/5**)

Parent/Guardian Information (If participant is under 18)

First & Last Name _____

Phone _____ **Email** _____

Emergency Contact Information

First & Last Name _____

Phone _____ **Email** _____

16+ Race Fee: (\$20 early registration by **May 24**; \$25 after) \$ _____

Ages 5-15 Race Fee: (\$10 early registration; \$15 after **5/24**) \$ _____

Donation to Stroud Region Recreation, Parks & Greenways: \$ _____

Total Enclosed: (make payable to SROSRC) \$ _____

mail or drop off: 15 Day Street, East Stroudsburg, PA 18301

Trail Run Mission & Goals:

The LLTR celebrates local trails and greenways. **Proceeds** of this event will support the Stroud Region's parks, community recreational programs, and greenway developments.

Notes on Trail Run Safety:

If deemed unsafe by CDC and PA guidelines by 5/24, a remote run will take place. Tshirts and awards will still be given June 6th.

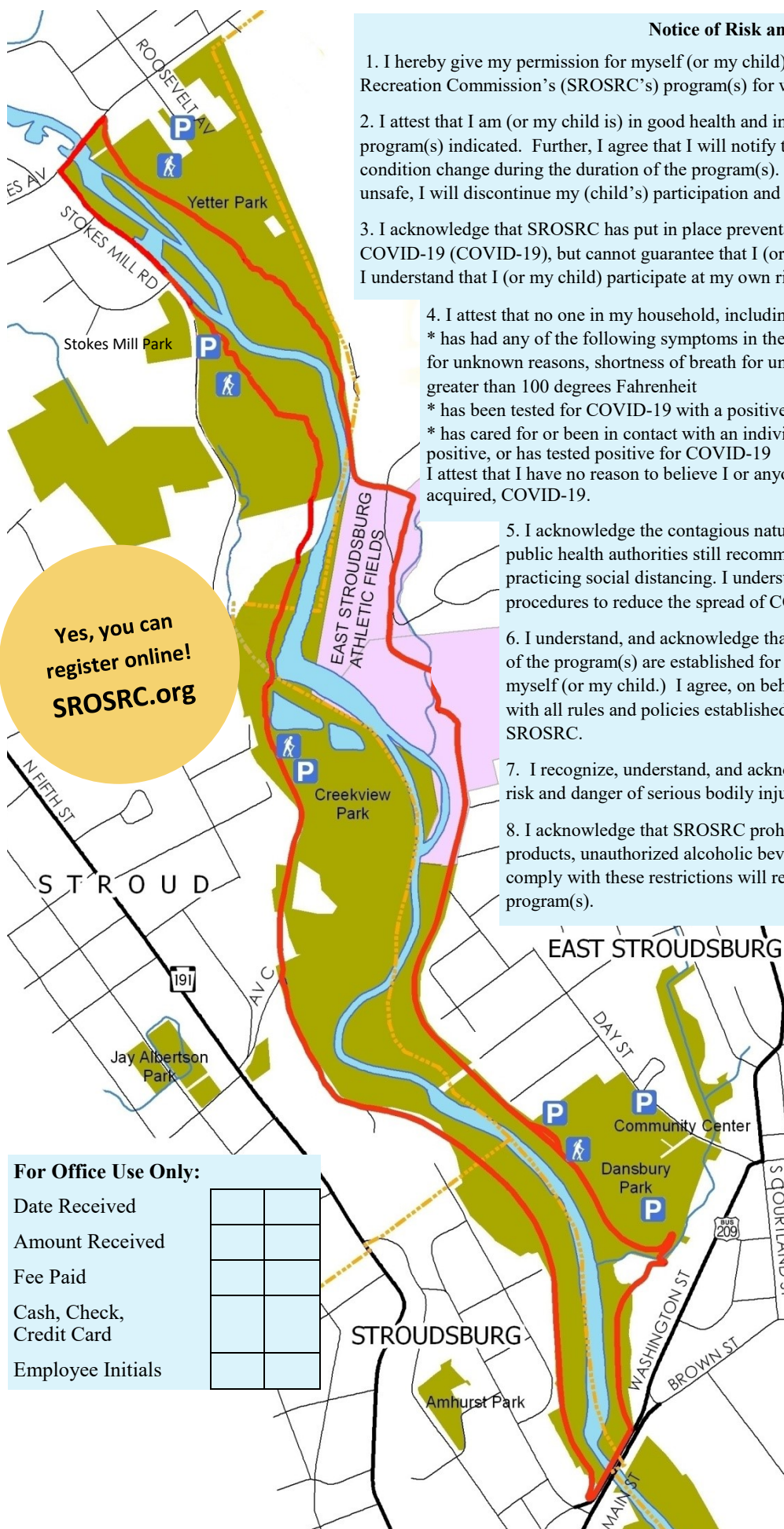
This trail run is mostly even ground, but does have uneven terrain between Creekview Park and Stokes Mill Park. We recommend walking this stretch of the trail to see the more difficult terrain.

For more information, please visit our website at **SROSRC.org** or give us a call at **(570) 426-1512**. Thank you for your participation and support!

I have read and understand the Notice of Risk and Liability Release (see reverse.)

Signature: _____ **Date:** _____

(A parent or guardian must sign for anyone under 18 years of age.)



Notice of Risk and Liability Release

1. I hereby give my permission for myself (or my child) to participate in Stroud Regions Open Space and Recreation Commission's (SROSRC's) program(s) for which I have signed in or registered.
2. I attest that I am (or my child is) in good health and in proper physical condition to participate in the program(s) indicated. Further, I agree that I will notify the staff immediately should my (child's) health condition change during the duration of the program(s). If I believe the conditions at the program site to be unsafe, I will discontinue my (child's) participation and notify the appropriate staff.
3. I acknowledge that SROSRC has put in place preventative measures to reduce the spread of Coronavirus/ COVID-19 (COVID-19), but cannot guarantee that I (or my child) will not become infected with COVID-19. I understand that I (or my child) participate at my own risk.
4. I attest that no one in my household, including myself:
 - * has had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit
 - * has been tested for COVID-19 with a positive result or is awaiting results
 - * has cared for or been in contact with an individual who is in quarantine, or is a presumptive positive, or has tested positive for COVID-19I attest that I have no reason to believe I or anyone in my household has been exposed to, or acquired, COVID-19.
5. I acknowledge the contagious nature of COVID-19 and that the CDC and many other public health authorities still recommend wearing a mask over nose and mouth, and practicing social distancing. I understand that I (and my child) must comply with all set procedures to reduce the spread of COVID-19 while attending the program.
6. I understand, and acknowledge that any and all rules, guidelines, and safety procedures of the program(s) are established for the safety and protection of all participants, including myself (or my child.) I agree, on behalf of myself (and my child,) that we will comply with all rules and policies established, and will obey all staff, employees and assistants of SROSRC.
7. I recognize, understand, and acknowledge that participation in any program(s) involves risk and danger of serious bodily injury, permanent disability, paralysis and death.
8. I acknowledge that SROSRC prohibits the use of controlled substances, tobacco products, unauthorized alcoholic beverages, and possession of weapons. Failure to comply with these restrictions will result in immediate suspension or dismissal from the program(s).
9. I recognize that failure to comply with the rules and guideline may result in immediate suspension or dismissal from the indicated program(s).
10. The staff and/or sponsors have my permission to photograph me (or my child.) I understand that these photographs may be used in promotional brochures, flyers, or news releases.
11. In consideration of participation by myself (or my child) in any SROSRC programs, I, the undersigned, on behalf of myself (and my minor child,) do hereby release, discharge, and covenant not to sue SROSRC, its directors, service providers, members, volunteers, and employees from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of SROSRC, including negligent rescue operations. I further agree that if despite this Release, I, the minor, or anyone on my (or the minor's) behalf makes a claim against SROSRC, I will indemnify, save, and hold harmless SROSRC from any litigation expenses, attorney fees, loss, liability, damage, or any costs that may incur as the result of any such claim.

For Office Use Only:

Date Received
Amount Received
Fee Paid
Cash, Check,
Credit Card
Employee Initials
