



125TH ANNIVERSARY
5K RUN & 3K STROLL
SATURDAY, JULY 6 | 8:30AM
START & FINISH AT LBA CASINO

PROUDLY SPONSORED BY RJ TESTO & ASSOCIATES TAX, ACCOUNTING & BUSINESS SOLUTIONS



The Anniversary Race and Stroll is exclusively for LBA members and their families. This course will take participants on every street in Laurel Beach, including a lap on the seawall, while passing LBA houses decorated for the July 4th holiday.

no dogs allowed

Entry Fee: \$5.00 per walker/runner | \$10.00 max per family

Shirts for the First 75 registrants!

Medal Awarded for All Finishers

Drop checks payable to LBA to

Joanne Mahoney | 1B Seaview Ave (*basket in the condo lobby*)

Jane Twombly | 194 Third Ave

Questions? Please Contact

Bill Mahoney: b.mahoney@surysinc.com

Joanne Mahoney: cviewjo@gmail.com

Jane Twombly: jtwombly194@outlook.com

Registration Form

125 Anniversary 5K Run & 3K Stroll

First name: _____ Last name: _____

Age on race day: _____ Gender: ☐ Male ☐ Female

Email: _____ Phone: _____

Street address: _____

City: _____ State: _____ Zip: _____

Choose an event to enter:

☐ 5K Run ☐ 3K Stroll

T-shirt size:

☐ S ☐ M ☐ L ☐ XL ☐ XXL

☐ LBA MEMBER ☐ LBA NON-MEMBER

Non-Member Please complete below

Guest of: _____

Registration Opens June 12, 2024 and will remain open until 08:15 am on Race Day. Please register early to ensure a shirt, we are limited to 75 and they will be distributed to the first 75 entries. T-Shirt pick-up will be on Race Day at the Starters table.

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document.

If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian.

I know that participating in the LBA 5K Run - 3K Stroll is a potentially hazardous activity and I should not enter and participate unless I am medically able and properly trained. I acknowledge and assume any and all risks associated with this event including, but not limited to, traffic on the course route, falls, contact with other participants, and the condition of the course, including, but not limited to, curbs, cars, uneven pavement, potholes, rocks, and objects on the course surface. Knowing and appreciating these risks and in consideration of your acceptance of my entry, I hereby for myself, my heirs, representatives or anyone else claiming on my behalf, covenant not to sue, and waive, release, and discharge Laurel Beach Association, its volunteers, and sponsors, and anyone else acting for or on behalf the LBA 5K Run - 3K Walk from any and all claims of liability for death, personal injury, or damage of any kind arising out of my participation in this run-walk. This Acknowledgement of Risk and Waiver of Liability extends to all claims of every kind whatsoever. I also consent to emergency treatment in the event of injury or illness. I grant full permission to LBA and/or any person or entity authorized by it to use my name, age, date of birth, finish place and finish time in the public domain. I further grant full permission for LBA to use any photographs, recordings, or any other record of this event for any purpose. My signature acknowledges that I have read the above waiver and I agree and accept all terms and conditions set forth herein.

Emergency Contact Name: _____ Telephone# _____

In signing the Acknowledgement of Risk and Waiver Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

Participant Signature: _____ Date: _____

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REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:

PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT AGREEMENT

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend LBA from and against all claims, demands or suits that my dependent has or may have.

Parent or Guardian Signature: _____ Date: _____