



## 1st Annual KnockOut PD 5K Run/Walk

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: M / F

Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Circle shirt size (unisex):    S    M    L    XL    2X

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

**Pay by Credit Card or Check -**    website: [runsignup.com/knockoutpd](http://runsignup.com/knockoutpd)

**Registration Fee: \$30**

**Make checks payable to:** Applied Race Management

**Send this SIGNED registration form and payment to:**

Applied Race Management  
336 Hereford Road  
Elizabethtown PA 17022

I hereby release KnockOut PD, Masonic Village, and KnockOut PD 5K sponsors, officials and any other coordinating group or member associated with this event from any claim of damage or injury resulting from my participation in or traveling to or from this race. I further state that I am in proper physical condition to compete in this race.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Signature required (parent or guardian if under 18 years of age)**