

**Northpointe Council's 27th Annual
Jack O'Lantern Fall Classic 5K Run & Mile Walk
October 19, 2024**

MAIL – IN REGISTRATION FORM

Name _____

Address _____

Email _____

Phone _____ **Age on race day** _____ **Gender** _____

Shirt Size (S - M - L - XL) Please select one: 5K Race _____ **1.5 Mile Walk** _____

Emergency Contact: _____ **Phone Number:** _____

USATF# _____

WAIVER

In consideration of my being accepted to participate in this race, I do hereby waive myself, my heirs, executors, administrators and assign all rights and claims for damages against Northpointe Council, Inc. and any and all sponsors, their representatives, agents and assigns for any and all injuries suffered by me while participating in this race. I further certify that I have no physical weaknesses or defects that might endanger my health by running and I have trained at this distance.

Signature: _____

Signature of parent or guardian if under 18:

**Mail form and entry fee to:
Northpointe Council, Inc.**

Attn: 5K

800 Main Street, Suite 2A, Niagara Falls NY 14301

Ph: 716.282.1228 Fax: 716.282.1238

www.northpointecouncil.org