



**24th annual**

**USATF SANCTIONED**

**WYOMING  
VALLEY  
STRIDERS**

**2011 FALL TRAIL 5.5 MILE\* RUN**

**WHEN:** Sunday, Oct 30<sup>th</sup> 1:00 PM

**WHERE:** Frances Slocum State Park, Kingston Twp., PA

**DONATION:** \$ 2

**AWARDS:** Top 10 Men Top 3 Women(#)  
(#) or more depending on the number of female runners

**REGISTRATION:** 12:00 to 1:00 at the Pavilion near the Boat Launch Area

**\*Race over a challenging,  
primarily grass and earth trail.**

**DETACH AND RETURN WITH ENTRY FEE TO:**  
Vince Wojnar  
Fall Trail Run  
295 South Mountain Blvd.  
Mountain Top, PA 18707-1915  
(570) 474-5363

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Please TYPE or PRINT

(ENTRY FORM CAN BE PHOTOCOPIED)

NAME \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ SEX: M \_\_\_\_\_ F \_\_\_\_\_

AGE as of Oct 30, 2011 \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

E-Mail \_\_\_\_\_

If necessary, I hereby authorize the above-named runner to be treated by any qualified, licensed medical personnel. I know that running a trail race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Wyoming Valley Striders and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

SIGNATURE (parent if runner is under 18) \_\_\_\_\_ DATE \_\_\_\_\_