



# BTC 4<sup>th</sup> Annual Race to Freedom 5K Walk/Run - Registration Form

When: July 27, 2024  
Where: Port Allegany CMA Church  
"Front Parking Lot"  
414 East Mill Street  
Port Allegany, PA 16743

**Times:** Registration 7:00 AM – 8:30 AM  
5K begins at 9:00 AM

**Cost:** \$20.00 if registered by June 30, 2024  
*\* A free T-Shirt provided to the first 50 participants to sign-up*  
\$30.00 on day of Walk / 5K Run.

## To Register:

Please complete and mail in the form with money to:  
Break the Chains Coalition, PO Box 272, Port Allegany PA 16743

Please make checks payable to "**Break the Chains Coalition**"

Note check "BTC 4<sup>th</sup> Annual 5K"

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I plan to: Run: \_\_\_ Walk: \_\_\_  
Adult Unisex T-shirt Size: XS: \_\_\_ S: \_\_\_ M: \_\_\_ L: \_\_\_ XL: \_\_\_ XXL: \_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Address: \_\_\_\_\_ Age on Day of Race: \_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
Email: \_\_\_\_\_

**Waiver:** I understand that participating in a road race has inherent risks and I hereby assume all risks and hazards or incident to my participation with either walking or running for this event. I certify that I have decided to participate in the following event (BTC 5K Walk / Run) with full knowledge that being physically fit and sufficiently trained is necessary to prevent injury to myself. I further waive, release, absolve, indemnify and agree to hold harmless The Break the Chains Coalition, the borough of Port Allegany, PA, event sponsors, organizers, volunteers, supervisors, officers, directors, or participants from any claims or injury sustained during my participation in this 5K Walk/Run Event. I further grant permission to this BTC 5K Walk/ Run and any organizers and/or agents conducting this race to use any photographs, video tapes, motion pictures, recordings, or any record of this event for any legitimate purpose.

**MY SIGNATURE BELOW INDICATES I HAVE READ AND AGREE TO THE ABOVE WAIVER, OR, AS PARENT OR GUARDIAN, I HAVE READ AND AGREE TO ADBIDE BY THE TERMS ABOVE.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Parent/Guardian (if under 18 yrs)

\_\_\_\_\_  
Date