

# 4th Annual Mahoning Shadow Shuffle



Saturday, October 10, 2009  
Punxsutawney Little League Field,  
Rt. 119

Registration: 7:30 a.m.  
Start Time: 9:00 a.m.

## Professional Timing and Course Marking (mile markers) by Miles of Smiles of Ellwood City, PA

### Course

Punxsutawney Rails to Trails--Mahoning Shadow Trail

Entrance Fees (pre-registered apps. must be postmarked by Sept. 15)

#### Half Marathon

\$20 pre-registered  
\$25 day of race

#### 10K

\$20 pre-registered  
\$25 day of race

#### 5K Fun Run

\$15 pre-registered  
\$17 day of race

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Init. \_\_\_\_\_

Address \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age on Race Day \_\_\_\_\_  Male  Female

Half Marathon  10K  Fun Run

**T-shirts guaranteed only to pre-registered racers. Runners registering the day of the race will receive shirts only if they are available.**

Adult shirt size (circle one)      S   M   L   XL

All pre-registrations must be postmarked by September 15, 2009.

Make checks payable to:

***Punxsutawney Rails to Trails Association  
c/o Amy Taladay  
1154 Frostburg Road  
Punxsutawney, PA 15767***

**YOU MUST SIGN THE WAIVER ON THE BACK OF THIS FORM!!!!**

# Directions

From the South: Traveling North on Rt. 119 (coming from Indiana), watch for signs on your left after passing Joe's Drive in on your right.

From the North and West: Traveling 36 South from Brookville, in downtown Punxsutawney at the first stop light, go right onto Rt. 119 and the Little League Field will be on your right after passing Phil's Cake and Steak on your left.

From the East: Travel West on Rt. 119 and at the 3<sup>rd</sup> light in downtown, make a left to stay on Rt. 119 and follow until you reach the Little League Field on your right.

For food and lodging call the Punxsutawney Chamber of Commerce (814-938-7700) or visit their website at [www.punxsutawney.com](http://www.punxsutawney.com).

To request a copy of a map of the rail trail, please contact the Chamber or in writing to Ms. Taladay 's address on the front of this form.

## Waiver (Must be Signed)

In consideration for being permitted to participate in this event, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns:

agree to assume all risks arising out of or related to my participation and to release, hold harmless and covenant not to sue Punxsutawney Rails to Trails Association, The Punxsutawney Little League Association, the Borough of Punxsutawney, the Punxsutawney VFW, any and all owners of private properties how land is used for the race, and any and all volunteers and sponsors as well as (should they have any) their affiliated, officers, directors, employees, supporters, agent, successors, heirs and assigns, for any claim, loss, or liability that I may have arising out of or related to my participation in the Mahoning Shadow Shuffle of Fun Run, including and pre- post-race activities;

attest and verify that I understand that participating in a running event may be potentially hazardous and that I am both physically fit and have sufficiently trained for the completion of this event and my physical condition has been verified by a licensed medical doctor;

agree to abide my an decision of any event official or medical personnel related to my ability to complete the event;

grant full permission to any and all of the foregoing to use any photographs, videotape, motion pictures, digital recording, or any other record of this event that may contain my image for any legitimate purpose, including commercial advertising without any expectation of or demand for any payment or other consideration for such use; and

understand that there will be NO REFUNDS FOR ANY REASON and event entry is nontransferable.

I have read the Waiver printed above and agree to it.

If participant is under the age of 18: I have read the foregoing and understand the risks involved in participated in this event. I authorize the participation of my son/daughter/ward (\_\_\_\_\_) in the 2009 Mahoning Shadow Shuffle Half Marathon, 10k or Fun Run and certify that he/she is in good physical condition. In consideration for his/her participation, I agree to the terms of this Waiver.

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Signature of participant AND parent/guardian if under age 18

Date