



To Register:

Complete registration form below and send along with check or money order to:

**University of Pennsylvania
Pottruck Center, Dept of Recreation
Attn: Ryan Buries
3701 Walnut Street
Philadelphia, PA 19104**

~Or submit completed registration form & fee to your campus recreation office.

***Please do not mail cash*

***Checks can be made out to: "Philadelphia City Six"*

Assumption of Risk and Waiver Statement

In consideration for the acceptance of my registration as a participant in the above entitled event, and with the understanding that my participation in this event is only on condition that I enter into this agreement, for myself, my heirs and my assignees, I hereby assume the inherent and extraordinary risks involved in the CITY SIX 5K RUN & any risks inherent in any other activities connected with this event in which I may voluntarily participate. I expressly assume the risk of & accept full responsibility for any and all injuries, including death and accidents which may occur as a result of my participation in this event and release from liability – LIFE FITNESS, Temple University, St. Joseph's University, Villanova University, Drexel University, LaSalle University, University of Pennsylvania & the City of Philadelphia and each of their officers, director & agents, representatives & employees. I hereby waive any claim I may have hereafter as a result of my participation in the City SIX 5K Run an in any other activities connected with this event in which I voluntarily participate. I hereby agree to indemnify all claims, including attorneys' fees & costs which may be brought against any of them by anyone claiming to have been injured as a result of any injury to me or my property which may occur as a result of my voluntary participation in the City SIX 5K Run.

"I have read and understand the above statement"

Print Name Above	Signature:	Date:
Phone: _____	Gender: _____ Male _____ Female	
E-Mail: _____	Age on Race Day: _____	
Mailing Address: _____	University Affiliation (if applicable):	
City, State, Zip: _____	____DU ____LU ____UP	
	____SJU ____TU ____VU	

Method of Payment Enclosed:
_____ Check _____ Money Order
Make payable to "Philadelphia City Six"

