

MAHONING SHADOW SHUFFLE

Sponsored by the Punxsutawney Rails to Trail Association &
The Punxsutawney Area Hospital Foundation

HALF MARATHON * 10K * 5K

SATURDAY, OCTOBER 12, 2024

VFW, Maple Ave., Punxsutawney

REGISTRATION: 8:00 A.M.

START TIME for Half-Marathon: 9:00 A.M.

START Time for 5-K and 10-K: 10:00 A.M.

PROFESSIONAL TIMING AND COURSE MARKING:

Miles of Smiles of Ellwood City, PA

COURSE: Mahoning Shadow Trail, Punxsutawney Rails to Trails

ENTRANCE FEES: (Preregistered apps. must be postmarked by sept. 30)

Half Marathon	10k	5k	Youth (Under 10)
\$25 pre	\$20 pre	\$20 pre	Free*, 1/2 mile
\$30 day of race	\$25 day of	\$25 day of	Start : 9:30 A.M.

Half, 10k, 5k age categories: Up to 30, 31 to 40, 41 to 50, 51 to 60, 61 and up

Awards given for top three finishers (male and female) overall and each age group.

*Youth participants will not receive t-shirts but will receive finisher awards.

Also, the first canine finisher in each race will win a prize! All dogs must be on a leash and under control.

Last Name: _____ First _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age on race day: _____ Male Female

Email address: _____

Half Marathon 10k 5K Youth

T-shirts are guaranteed to pre-registered runners only. Runners registering on race day will receive shirts only if they are available.

Registration includes a **short sleeved, fitted soft tee, gender specific or a 17x20 drawstring pack. Circle ONE:**

Men's: S, M, L, XL Women's: S, M, L, XL DRAW STRING PACK

Register online at [Runsignup.com](https://www.runsignup.com) OR by mailing check (made out to Punxsutawney Area Rails to Trails) and application to:

P.O. Box 16

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), pass WalMart Plaza and descend one-mile hill, passing truck ramp and Joe's Drive-In. Make first left turn past Sunoco Station and the former Sandy's Beverage (look for signs).

From the North and West: Traveling on Rt. 36 South from Brookville, turn right onto Rt. 119 at first traffic light. Pass Phil's Cake and Steak on your left, cross bridge, and take first right to Little League complex.

From the East: Travel south on Rt.119; turn left at fourth light to stay on Rt. 119. Pass Phil's Cake and Steak on left, cross bridge, and take first right to Little League complex.

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

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:

I agree to assume all risks arising out of or related to my participation and to release, hold harmless, indemnify, and covenant not to sue Punxsutawney Rails to Trails Association, Punxsutawney Area Hospital, Punxsutawney Area Hospital Foundation, Jefferson County, Pennsylvania, Jefferson County Commissioners, Jefferson County Department of Development, and any and all owners of private properties and facilities whose land is used for the event, and any and all volunteers and sponsors as well as their affiliated officers, directors, employees, supporters, agents, successors, heirs and assigns, from all liability to the undersigned, my personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the foregoing named parties or otherwise while the undersigned is participating in the event including pre and post event activities.

I attest and verify that I understand that participating in the event may be potentially hazardous and that I am both physically fit and have sufficiently trained for the event;

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

I 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 with any expectation of demand for any payment or other consideration for such use; and

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 participating in this event. I authorize the participation of my son/daughter/ward:

_____ in this event. I agree to the terms of this waiver.

_____ Date _____
Participant's signature

_____ Date: _____
Signature of participant and parent/guardian if under age 18