



Memorial

Scoop Kelly 5K run/walk

Sunday, October 26, 2014 9:00 AM

**Location: Harford Community College
(Entrance by Wawa)**

Registration Form

Full Name: _____

Gender: Male/Female **Age:** ____ (on race day) **Activity:** Running/Walking

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: (____) _____ **Email:** _____

Shirt Size: (circle one) **S** **M** **L** **XL** **2XL**

EVENT INFORMATION: The Kelly family, along with their friends and the Lacrosse Community are creating a memorial 5k run/walk in honor of Scoop Kelly. Scoop passed away in 2014 from complications from a car accident. Coach Kelly's passion was his family and Lacrosse. He coached the Bel Air High School Lacrosse team and also Tribe Lacrosse until his passing. This race will help raise scholarship money for The Scoop Kelly Scholarship Fund and also to help keep the race going in the future. One male athlete will receive a scholarship based on their academic and athletic accomplishments.

RACE FEE: Early registration \$25. Or day of event \$30. (race shirts are limited)

Please indicate payment method ____ **Cash** ____ **Check #** ____ **Payable to: SK Memorial Fund and sent to Rhonda Utz 309 Cherry Tree Circle Forest Hill, MD 21050**

EVENT DISCLAIMER: By participating in this event, I do so at my own risk. I assume all risk of injury, illness damage or loss to me or my properly that might result, including without limitation, any loss or theft of personal properly. I agree on behalf of myself to release and discharge Harford Community College, Elite Race Management LLC, the organizers of this event, its principals, its officers and directors, its employees, all sponsors and their representatives and employees from any and all claims or causes of action (known or unknown) arising out of their negligence. I acknowledge that I have carefully read the 'Waiver and Release' and fully understand that it is a release of liability. By my signature below, I am waiving any right that I may have to bring legal action to assert a claim against any and all Event sponsors for their negligence. I hereby grant full permission to any and all of the foregoing to use my name and likeness, telecast, video or print media reporting or advertising of the Event without any compensation.

____ **I AGREE** **Sign here:** _____
(under 18 - must be signed by a parent or guardian) **Date** _____

More information can also be found at www.eliteracemanagement.com/scoop