Bookin' It 5k - Benefiting the Juniata County Library
September 20, 2025 – Arch Rock Road, Mifflintown
Registration Form

First Name: _____

Last Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email: _____

Gender: ☐ Male ☐ Female   Age: _____   T-Shirt Size: _____

Emergency contact:

Name: _____

Phone Number: _____

Relation: _____

Do you plan to run or walk?   ☐ Run ☐ Walk

Payment Options:

Early Bird Pricing: **Regular Registration**:
Register before August 27, 2025   Register before Sept. 13, 2025
Run - $25 Walk - $25   Run - $30 Walk - $30

☐   Cash   ☐ Check   Make checks payable to: Juniata Valley Bank

The race is located off Arch Rock Rd & William Penn Hwy. The race route will follow Old Route 22 to the Old Canal House and loop back to Arch Rock Road and William Penn Hwy.

Registration opens at 8am – Race begins at 9am

Please return this form to a JVB Office, or the Juniata County Library, or mail to JVB c/o Lisa Snyder PO Box 66, Mifflintown PA 17059 by September 13, 2025.

RISK AND WAIVER OF LIABILITY

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. If you are under the age of 18, this form must be signed by you as the participant AND by your parent or legal guardian. I know that participating in the 5K run or walk is a potentially hazardous activity, and I should not enter and participate unless I am medically able and properly trained. I acknowledge and assume any and all risks associated with this event including, but not limited to, traffic on the course route, falls, contact with other participants, and the condition of the course, including, but not limited to, curbs, cars, uneven pavement, potholes, rocks, and objects on the course surface. Knowing and appreciating these risks and in consideration of your acceptance of my entry, I hereby for myself, my heirs, representatives or anyone else claiming on my behalf, covenant not to sue, and waive, release, and discharge The Juniata Valley Bank, its volunteers, and sponsors, and anyone else acting for or on behalf the 5K run or walk from any and all claims of liability for death, personal injury, or damage of any kind arising out of my participation in this run. This Acknowledgement of Risk and Waiver of Liability extends to all claims of every kind whatsoever. I also consent to emergency treatment in the event of injury or illness. I grant full permission to The Juniata Valley Bank and/or any person or entity authorized by it to use my name, age, date of birth, finish place and finish time in the public domain. I further grant full permission for The Juniata Valley Bank to use any photographs, recordings, or any other record of this event for any purpose. My signature acknowledges that I have read the above waiver, and I agree and accept all terms and conditions set forth herein.

In signing the Acknowledgement of Risk and Waiver Liability I hereby acknowledge and represent: (a) that I have read this document in its entirety, understand it, and sign it voluntarily; and (b) that this Acknowledgement of Risk and Waiver of Liability is the entire agreement between the parties hereto and its terms are contractual and not a mere recital.

_____   _____   _____

Print Name   Signed Name   Date

REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE: PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT AGREEMENT

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and my spouse, partner, co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, assent to its terms and conditions, and sign this Acknowledgement of Risk and Waiver of Liability of my own free act. I acknowledge that my dependent and I have agreed to the terms and conditions of my dependent's participation in the ACTIVITY, and I hereby give my consent to participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary. I further agree to hold harmless, indemnify and defend The Juniata Valley Bank from and against all claims, demands or suits that my dependent has or may have.

_____   _____   _____

Print Name   Signed Name   Date