

Lockport Tacky Sweater RUN

What:

- SK Race

- \$20 Pre-registration

- \$25 day of registration

Free race T-shirt for 1st 100 race registrants
Everyone that registers gets a gift bag of treats

*Any proceeds generated from this event will benefit the
Lockport Palace Theatre.*

When:

- Saturday, November 25th,

- Registration begins at 7:00 am

- Race Begins at 9:00 am

Where:

Lockport Palace Theatre

2 East Ave.

Lockport, NY 14094

Phone: 716-438-1130

www.lockportpalacetheatre.org



Please detach and return registration form

Register online at www.score-this.com
- Post race party with prizes, raffle and food.
- Prizes given for Tackiest & Most Creative sweaters!

REGISTRATION FORM

LAST NAME _____ FIRST NAME _____ M.I. _____

ADDRESS: NUMBER AND STREET _____

TOWN/CITY _____ STATE/PROV _____ ZIP/POSTAL CODE _____

SEX (M/F) _____ AGE _____ PHONE/WAREA CODE _____ EMAIL ADDRESS _____
T-SHIRT SIZE _____

EVENTS

Note: one entry per entrant per form.

5K participants receive a t-shirt (quantities limited) and a timing chip

5K \$20 pre-registration

5K \$25 day-of

5K \$20 student ID day-of

Racers are encouraged to wear an ugly Christmas sweater.

Please make checks payable and send to:

Lockport Palace Theatre

c/o Lockport Tacky Sweater Run

PO Box 19

Lockport, NY 14095

OFFICIAL RACE USE ONLY

WAIVER

I understand that participating in this event is potentially hazardous and that I should be properly trained and medically able to participate. In consideration for you accepting this entry and by signing below, I, for myself and on behalf of our successors, executors and heirs, assume full and complete responsibility for my participation in the event, and hereby forever waive, release, discharge and indemnify **Historic Palace Theatre** and its affiliates and their directors, officers, employees, agents and representatives, from and against any and all suits, claims, losses, costs, expenses, damages and fees now and in the future arising or relating to this event, whether caused by the negligence, action or inaction of any of the above parties.

Signature of Participant, Parent or Guardian _____ Date _____

Name, address and phone number of parent or guardian _____