

4TH ANNUAL TORRANCE TROT 5K WALK/RUN

(To benefit the Torrance State Hospital Indigent fund)



October 21, 2023

Race Start: 8:30 Kid's Fun Run/9:00 Runners & Walkers
(Free kid's Fun Run (donations welcome). Kids 9 and under are welcome).
Registration: 7:30am in the Grove at Torrance State Hospital

Join us after the race for awards (top male/female in each age group) and raffle prizes!

Wear your favorite Halloween costume! Prizes go to best male, female, and child costumes!!

No picture taking permitted on-grounds

Fees: \$20 if PRE-REGISTERED BY OCTOBER 6th (shirt guaranteed) Race Day Fee: \$25 (shirt not guaranteed)

Make checks payable to: Torrance State Hospital

Mail to: Torrance State Hospital, c/o Susannah Bollinger, PO Box 111, State Route 1014, Torrance, PA 15779

REGISTER ONLINE AT www.runsignup.com – Online registration closes October 6th

Timing and Results will be provided by Miles of Smiles Timing Services

Registration Form Below- Please Print Clearly

Male: _____ Female: _____ Date of Birth: _____

Name: _____ Age (on race day) _____

Address: _____ TSH Employee Y / N

City / State / Zip: _____

Phone: _____ Email: _____

Shirt Size (circle one) YOUTH SMALL YOUTH MEDIUM YOUTH LARGE

ADULT: SMALL MEDIUM LARGE X-LARGE 2XL / 3XL (+\$3.00)

RELEASE AND WAIVER: I know that running a road race is a potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running/walking in this event, including but not limited to falls, contact with other participants and residents of Torrance State Hospital, the effects of the weather, including high heat and/or humidity, wind, rain and/or ice, traffic, and the conditions of the road, all such risks being known and appreciated by me. I understand that bicycles, skateboards, roller skates or roller blades, animals are not allowed in the race, and I will abide by these rules. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the TORRANCE TROT 5K RUN/WALK, Torrance State Hospital, the town of Torrance, Pennsylvania, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use my photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

Signature: _____ (Parent Signature if under 18) Date: _____