



Lake Shawnee Super Hero 3-6-9

*Three Different Races for Every Kind of Super Hero!
u choose Your Challenge: A 3 Mile Run/Walk, a 6 or 9 Mile Run!!
Family & Kid Friendly!!*

Saturday, March 28th 2020 - 9am Start

Lake Shawnee continually proves to be a community of Super Heroes, thriving on volunteerism and service towards others. These traits are nurtured at an early age and are cultivated over the course of many years. We would like to celebrate the passionate champions of our community by creating a Lake Shawnee Scholarship Fund that will be solely funded with 100% of the proceeds from our Annual Race.

Pre-Registration by March 14th

Adults 3/6/9- \$25/\$35/\$45pp
Adult Team of 4+- \$20/\$30/\$40pp
Children 12 and under – \$10pp – No Chip

Includes a Race Towel, Bananas, Bagels, Water and Chip

Register After March 14th and up to Race Day

All Adults 3/6/9 - \$30/\$40/\$50pp
Children 12 and under - \$12pp- No Chip

Make Registration Checks Payable to:

Lake Shawnee Club

All Race Fees Are Non Refundable– Rain or Shine

Register Online at Runsignup.com or Use the Form below to register by mail.

**Beautiful, Challenging, Well Marked & Professionally Measured 3, 6 & 9 Mile Timed Courses
MY laps Pro Chip Timing by NJ Trail Series**

**View Course Maps at lakeshawneeclub.org.
On Site Registration from 7:30am – 8:45am**

Team and Individual Medals and Awards!!

Top 3 Men & Women Overall
1st Place Male & Female in 7 age categories
1st 5 Kids 12 and Under
Largest Team Pre- Registered!!
Fastest Overall Team!!!
Plus Best Costume Awards!!

Donations Welcome! Got Questions?

Contact LakeShawneeSuperHero369@gmail.com

2019 LAKE SHAWNEE SUPER HERO 3-6-9 REGISTRATION FORM

Please Print!

First Name: _____ Last Name: _____

Phone #: _____ E-mail: _____ Race Choice: _____

Male: ☐ Female: ☐ Date of Birth: ____/____/____ Age (on Race Day): _____

☐ **Check this box if you are running or walking for fun and do not wish to wear a chip timer.**

Please make check payable to: Lake Shawnee Club

Mail to: LSC Scholarship Committee 4 West Shawnee Trail Wharton, NJ 07885

Payment Enclosed:

\$

Waiver of Liability for Lake Shawnee 2019 3-6-9:

In participating in the Lake Shawnee 5K Run/Walk, myself, my heirs, executors, administrators, and assigns, do hereby release and discharge the Lake Shawnee 3-6-9 committee, its officers and agents, volunteers, all sponsoring and cooperating business, organizations, and municipalities, their employees, and agents, from all claims, damages, demands, actions, causes of action or any other claim of whatsoever nature arising out of my participation in the event or while in transit to or from the designated route. I agree to abide by all traffic laws and basic safety rules established by The Lake Shawnee Club. I agree to abide by any decision of a race official relative to my ability to complete the run. I assume all risks associated with participating in the event including, but not limited to: falls, contact with other participants, the effect of weather, including high heat or humidity, traffic and conditions of the road, all such risks being known and appreciated by me. I also give full permission to The Lake Shawnee Club for use of my name, photograph, video or any other record of this event for legitimate purposes. I understand that the event will be held rain or shine and no refunds will be issued. The undersigned, being fully aware of the risks and hazards inherent in practicing and engaging in exercise programs, hereby voluntarily assumes all risks of loss, damage or injury, including death that may be sustained by the undersigned, or to any property of the undersigned. This release shall be binding upon distributors, heirs, next of kin, executors, and administrators of each of the undersigned. In signing the foregoing release, the undersigned hereby acknowledges and represents that he/she has read the foregoing release, understands it and signs it voluntarily.

Signature (required): _____ Date: _____

Parent/Guardian Signature (required if under 18 years of age): _____

☐ **Although I cannot participate in this event, please accept my donation of _____**

****Please fill out one registration form per participant. Thank you!**



Mayors Wellness Campaign
Put your community in motion.