

# Oakmont Halloween Hustle 5K

PRESENTED BY THE OAKMONT CHAMBER OF COMMERCE AND RIVERVIEW  
COMMUNITY ACTION CORPORATION

5K RACE & 1 MILE WALK

SATURDAY OCTOBER 28<sup>th</sup>, 2017

RACE STARTS AT 5:00PM

REGISTRATION OPENS at 4:00PM

**REGISTRATION LOCATION:** RIVERSIDE PARK, OAKMONT

**COURSE:** Start and finish at the park, one water stop on 5K course. Course is accurately measured. Walk will be 1 mile.

**AWARDS**

- Overall male / female, overall master (40+) M/F
- Age group awards (at least three deep) in the 5K race. No duplication of awards. The walk is non-competitive.
- Male and female: 12 & under, 16 & under, 21 & under, 30 & under, 40 & under, 50 & under, 60 & under, 61+
- SPECIAL AWARDS for Cutest, Race Director's Choice, and Most Creative Halloween Costumes

**SHIRTS AND REFRESHMENTS:**

- Pre-registered participants will receive a shirt. A limited number of shirts will be available on a first-come, first-serve basis on race day. Register in advance to avoid any disappointment!
- Enjoy fruit, water and sport drink after the event.

**ENTRY FEES:**

- 5K Race & 1 Mile Walk Pre-registered \$ 15.00 (Register by October 13<sup>th</sup> to guarantee shirt)
- 5K Race & 1 Mile Walk Day of race - \$ 15.00 (Shirt not guaranteed)
- Entry fees payable to Oakmont Chamber of Commerce P.O. BOX 384 Oakmont, PA 15139
- For information please contact Oakmont Chamber at 412-828-3238

CUT HERE - ENTRY FORM MAY BE PHOTOCOPIED- PLEASE PRINT

NAME \_\_\_\_\_ TELEPHONE:(\_\_\_\_\_)\_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE:\_\_\_\_\_

ZIP CODE: \_\_\_\_\_ SEX: (CIRCLE) M F AGE (ON 10/1/2017) : \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SHIRT SIZE: (CIRCLE) YL S M L XL 2XL INDICATE EVENT :(CIRCLE) 5K RACE 1 MILE WALK

EMAIL ADDRESS: \_\_\_\_\_

IN CONSIDERATION OF YOUR ACCEPTANCE OF THIS ENTRY, I HEREBY FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS WAIVE AND RELEASE ALL RIGHTS FOR CLAIMS AND DAMAGES I MIGHT HAVE AGAINST THE RACE DIRECTOR, BOROUGH OF OAKMONT, OAKMONT CHAMBER OF COMMERCE, RCAC, & ALL SPONSORS, AND ALL RELATED PARTIES FOR ANY AND ALL INJURY OR DAMAGE RESULTING FROM PARTICIPATING IN THE ABOVE EVENT. I AM IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN THIS EVENT.

SIGNED \_\_\_\_\_ DATE: \_\_\_\_\_  
( PARENT OR GUARDIAN IF UNDER AGE 18)

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