

Georgetown Clean Tech Park 5 & 10K



Wheelchair

☐ 2K

Name: _____

Date of Birth: ____/____/____ (DD/MM/YY) Sex: _____

Address: _____

City: _____

Prov./State: _____ Postal/ Zip Code: _____

Phone (day): (____) _____

Email: _____

Shirt Size – S M L XL

Shirts are a polyester blend shirt.

Medical Information/Medication used: _____

My total payment is \$ _____

I wish to pay by:

*Please make cheques payable to: PEI Marathon

Card No. _____ Expiry _____

Signature _____ CVC _____

WAIVER:

I recognize and understand the risks associated in the 10KM race or 5KM race or 2K Race. I hereby affirm that I have trained for and am physically capable of completing the Georgetown 5 & 10K event, such races being conducted under the auspices of the Georgetown Summer Days organization, a registered not-for-profit entity in the Province of Prince Edward Island. I consent to receive medical treatment, which may be advisable in the event of illness or injury suffered by me during this event. I agree to comply with the rules, regulations and instructions of the Georgetown 5 & 10K presented by the PEI Marathon, and in consideration of acceptance of this entry by the Georgetown 5 & 10K presented by the PEI Marathon, I, for myself and anyone entitled to act on my behalf, waive and release any and all claims for injuries or damages I have against the Georgetown 5 & 10K presented by the PEI Marathon, its directors and employees, any and all municipalities associated with the event, the province of Prince Edward Island, race volunteers, sponsors and/or their agents and representatives, caused by the negligence of any of them arising out of my participation in this event, including pre and post race events. *In addition, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participation in this event and personally assume this risk. I hereby agree that all photographs, video or any images taken by the employees, directors, representatives or agents of the Georgetown 5 & 10K presented by the PEI Marathon are property of the Georgetown 5 & 10K presented by the PEI Marathon organization and may be used without the permission of the photographed person.*

Signature to Accept Waiver: _____

Signature of parent/guardian if under 18: _____

Date: _____

Sunday July 20th 2025

Registration Fees:

10K Run & Walk: \$40

5K Run & Walk: \$35

Virtual 5K & 10K: \$35

Wheelchair- Free

Please make cheque payable
to: PEI Marathon

Mail to: 40 Enman Cres.,
Suite 220
Charlottetown, PE
C1E 1E6
P) 902-316-2299
F) 902-368-4548

Email: mitch@peimarathon.ca