

TOGETHER "WE" FIGHT CANCER

5k Run / 1 Mile Fun Walk

Sun, October 19th, 2014 9 AM Norristown, PA

Sponsored by



Plymouth Community Ambulance

Corporate Sponsor – Mercy Health System Cancer Center

LOCATION: Norristown Area High School – Reg @. 8:00am / 5K begin @ 9:00am / 1 mile fun walk @ 9:15 am

ENTRY FEE: \$25 Individual (If postmarked by Oct. 1, 2014) Late Reg. \$30 – Oct. 2nd to Race Day
\$100 Team Entry (max. 5 runners) Postmark by Oct 1st – Late Reg. \$125.00 – Oct 2nd to Race Day. T-Shirts guaranteed to all 5K participants that sign up prior to Oct. 1st, after that, based on availability

AWARDS: Top Overall Male & Female – Trophy / Top Male & Female in each age group 1st & 2nd / Top Team 1st & 2nd – Age Groups are: 18 and under, 19-29, 30-39, 40-49, 50-59, 60 and older

AMENITIES: T-shirt to all pre-registrants of 5K by Oct. 1st; “Goodie” bag for all kids fun walk finishers. Refreshments for finishers. Held rain or shine. No refunds or mailed awards. Results on www.pretzelcitysports.com in 1-2 days.

ENTER: Mail check payable to “Medic308” & Form Below to: Pretzel City Sports, 112 W. 36th St, Reading, PA 19606 “OR” register online at www.pretzelcitysports.com (nominal service fee, closes midnight, the Wed of race week)

RACE DIRECTOR: Tony Franz, Plymouth Ambulance, 610-277-2776, ext. 211 or tfranz@medic308.org

.....Please Print Clearly / Tear and Mail in with Payment.....

Last name: _____ First name: _____

Address: _____

City/State _____ Zip _____ Race day age: _____ D.O.B. ____/____/____

Race (circle one): 5K 1 Mi. Walk Sex: M F Phone: (____) _____ A.M. or P.M.??

Shirt Size (circle one): S M L XL XXL - email _____ @ _____

WAIVER: I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that there will be traffic on the course and assume the risk for running in traffic. I also assume any or all other risks associated with running or attending the race including but not limited to falls, contact with other participants, the effects of the weather and the condition of the roads, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry fee, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Pretzel City Sports, Plymouth Community Ambulance and Mercy Health System and any subcontractors it utilizes, all municipalities in which the race is held, the race committee, volunteers, any and all sponsors including their agents, employees, assigns or anyone acting for on their behalf, or anyone else associated in any way with the race, from any or all claims or liability for death, personal injury or property damage of any kind of nature what so ever arising out of, or in the course of, my participation in this event(s). This waiver extends to all claims of every kind or nature what so ever, foreseen or unforeseen, known or unknown. I HAVE READ AND UNDERSTAND THIS WAIVER: (if under 18, legal guardian must sign)

Signature: _____ Date: _____