

**Saturday, November 15**  
**I Can Run/Walk 5K**



Calvary Church - Lancaster, PA



**TO BENEFIT THE EASTERN PENNSYLVANIA CHAPTER OF  
THE NATIONAL HEMOPHILIA FOUNDATION**

**Register online:** [www.active.com/donate/epclancasterwalk](http://www.active.com/donate/epclancasterwalk)

**Start:** Calvary Church, 1051 Landis Valley Rd, Lancaster PA 17601  
8:45 a.m. ½ Mile Kid Run  
9:00 a.m. 5K Run & Walk

Registration and number pick-up at 7:30 am.

**Registration Fees:** 5K Run and Walk: \$20.00 if postmarked by October 23rd. After October 23rd - \$25.00.  
Kid Run: \$10.00 if postmarked by October 23rd. After October 23rd - \$15.00.

**Race Amenities:** Registration includes tech shirts (registrations by October 23, 2014), water station on course, and post race refreshments, DJ, family activities and much more!

**Awards:** M & F winners, M & F Master winners, plus top 3 M & F finishers in age groups:  
14 & Under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65 and up. No duplication of awards.

**Contact:** Janine Roberts, EPC-NHF: [jroberts@hemophiliasupport.org](mailto:jroberts@hemophiliasupport.org) or 215-393-3611

Detach and return

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**Make check payable to "EPC-NHF" and note "I Can Run 5K & Walk- Lancaster" on memo line.**  
**Mail payment and completed registration to: EPC of NHF, 14 E 6<sup>th</sup> St, 1<sup>st</sup> Floor, Lansdale, PA 19446**

PLEASE PRINT CLEARLY

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5K Shirt Size: XS S M L XL Sex: { } M { } F Phone#: (\_\_\_\_) \_\_\_\_\_

*Kid shirts One Size Fits Most*

Your Email: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Age on Race Day: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Running on a team? Please list team name here: \_\_\_\_\_

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 agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running including but not limited to: falls, contact with other participants, effects of the weather including high heat and/or humidity, dehydration, traffic, ice and the conditions of the road, all such risks being known and appreciated by me. 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 Eastern Pennsylvania Chapter of the National Hemophilia Foundation, Calvary Church, all sponsors, race directors, their agents, servants and volunteers, their representatives and successors from all claims or liabilities of any kind associated with this event. I grant permission to all of the foregoing to use any photographs, pictures, recordings, and any other record of this event for any legitimate purposes.

Signature: \_\_\_\_\_