

ProCare Fitness & Therapy

5K Run / Walk August 22nd

Benefitting

St. Jude Children's Research Hospital



St. Jude Children's
Research Hospital

ALSAC • Danny Thomas, Founder

Finding cures. Saving children.

Schedule:

7:30 – 8:45am Check-in and late registration
8:45am Runners and walkers meeting
9:00am Start
11:00am Awards Presentation

To Register:

Mail or drop off completed registration with payment (Visa, M/C, Disc, check or cash) to ProCare Fitness & Therapy, 911 N Front St, Philipsburg, PA 16866
www.procarefitness.com

Entry Fee:

\$15 Pre-registration by August 9th
\$18 August 10th – August 22nd

5K Route:

2 ¼ laps around the Philipsburg-Osceola High School grounds. The first lap begins on the Junior Varsity softball field and the 5K ends after the final lap on the track. A detailed map is located in the ProCare facility.

Awards: Will be given to the top male and female finishers in each of the following age groups

5K: 10 and under, 11-18, 19-39, 40-59, 60 and over

Only Early Registration Entrants are guaranteed a collector's shirt

ProCare 5K Run / Walk

(One form per participant)

Name: _____ Age: _____ Male or Female (circle one)

Parent or Guardian name (if under 18): _____

Evening Phone: _____ Address: _____

T-shirt size (circle one): S M L XL 2XL

In return for your accepting my entry, I, for myself, my heirs, and my personal representatives, waive and release any and all rights and claims I may have, now or in the future, against St. Jude Children's Research Hospital, ProCare Fitness & Therapy, their affiliated companies and organizations, sponsors, and all of their officers, employees, representatives, volunteers, successors, and assigns, for any and all injuries, illnesses, losses, damages, or death in any way connected with my entry, traveling to and from, or participation in the 5K Run/Walk for St. Jude. I assume all risks associated with travel to and from the event and participation, including but not limited to falls, contact with other participants and vehicles, effects of the weather, and course hazards. I am aware that participation is strenuous and may be hazardous. I am physically fit and sufficiently trained to complete the event, and I agree to abide by all rules and by any decision of a race official relative to my ability to safely complete the run. I authorize all above-named parties to use an photos, video, or other record of this event, and any information contained in my application, for any purpose whatsoever, without any consideration due to me. I have read and fully understand this entire application.

Signature of entrant: _____ Date: _____

Signature of parent/guardian: _____ Date: _____

(If participant is less than 18 years of age)