5K Paint Race/Fun Walk

Participants will be sprayed with the colors of hope as they run/walk for a cancer-free future!

Saturday, May 3, 2014

Riverfront Park, Pottstown, PA

Who: Runners and walkers of all ages welcome at this family friendly 5K and fun walk. **Runners will be sprayed with washable color as they run.**

When: Saturday, May 3, 2014 Rain or Shine
Registration 3:00-4:00PM; Run/Walk 4:15PM
Race will be professionally timed

Where: Riverfront Park, Pottstown (across from Montco):

Awards: Prizes given to top 3 male and female contenders overall and in the following age categories: 0-12, 13-18, 19-25,26-39,40-60,60-up.

Register: Online at www.pretzelcitysports.com or by form (below):
Pre Register $20 adults; $10 children 18 and under reg includes t-shirt
After April 15th and Day of Race $25 adults; $15 children 18 and under (t-shirt are not guaranteed)

About the Event: Please join us for our 2nd Annual Paint the Town Purple 5K Paint Race/Fun Walk benefitting the American Cancer Society Relay For Life of Pottstown! Live music, food, crafts, kids games and more!

Color Me Hope 5K Paint Race/Fun Walk Registration

Complete this form and mail with registration fee ***payable to American Cancer Society*** to:
RFL of Pottstown, P.O. Box 67, Pottstown, PA 19464, Attn: Color Me Hope

Name: _____ ___Male ___Female Age on Race Day: _____

Relay Team Name (n/a if you are not a Relay participant or running in honor of a team):
_____

Address: _____ Phone: _____

Email:_____ T-Shirt Size (Adult S-XL; Youth S-L): _____

Waiver/Release: As a participant in Relay For Life and its affiliated fundraisers, including Color Me Hope 5K Paint Race/Fun Walk, I, for myself, my executor, administrators, and assigns, do hereby release and discharge the American Cancer Society, the event site, their management, their officers, members, sponsors, organizers, or their representatives, or their successors, and all cooperating businesses and organizations from all claims of damages, demands, actions, and causes whatsoever, in any manner arising or growing out of my participation or that of my child in this event. I give my full permission for the use of my name and photograph in this event. I also give my full permission for such first aid as is deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment. I acknowledge that this event will be held rain or shine and that my entry fee is non-refundable.

Signature (Parent/Guardian if under 18): _____ Date: _____

Parent/Guardian Printed Name (if under 18): _____

Questions? Contact Jennifer Drago 610-505-7087 or jenniferdrago@hotmail.com