



LUNG FORCE RUN/WALK

JOIN THE FORCE FOR LUNG HEALTH

ALLENTOWN, PA April 30, 2016

LEHIGH PARKWAY

LUNGINFO.ORG/LVRUNWALK

WHEN: Saturday, April 30, 2016

8:30am - Registration/bib pick-up | 10:00am - Runners, then walkers start Awards immediately following final runner

WHERE: Lehigh Parkway

Address for Google Maps: Little Lehigh Parkway Path, Allentown, PA 18103 (by Lehigh Valley Road Runners Clubhouse & Kline's Bridge)

ENTRY FEES*

- Adult Runner - \$25 w/LUNG FORCE Tee Shirt
- Child Runner - \$15 w/LUNG FORCE Tee Shirt (under 12 years of age)
- Walker - FREE

AWARDS

- Medals and Prizes to the best timed overall male and female runner. Prizes include sunglasses and gift cards.
- Medals awarded to the 1st, 2nd & 3rd finishers by age groups

COURSE

- 5k for runners & 5k or 1.6 miles for walkers
- This is not a closed course, the Lehigh Parkway is open to the public
- Water available at mile one, two and finish line

CAUSE

Every day, we rely on our lungs to breathe, speak, sing, and laugh. At the run, we'll use our lungs to do all these things. We'll also raise funds for research, advocacy, education and awareness to improve the quality of life for people living with lung cancer and other lung diseases like COPD and Asthma, discover more successful treatments—and save lives.

PRIZES

- All runners receive a LUNG FORCE T-shirt on race day.
- Fundraising also awards you prizes!
 - \$25 Self Donation – LUNG FORCE Whoosh
 - \$150+ Fundraising – LUNG FORCE Item of your choice

RACE DIRECTOR

Ashley Keller | 610-253-5060 | akeller@lunginfo.org
Send to: 527 Plymouth Road, Suite 415, Plymouth Meeting, PA 19462
Email to: akeller@lunginfo.org
Register online at www.lunginfo.org/lvrunwalk

- LUNG FORCE Entry Form -

Last Name _____ First Name _____ Male ___ Female ___

Address _____ City/State/Zip _____ Team Name _____

Date of Birth ___/___/_____ Email: _____ Phone _____

Registering for: Runner ___ Walker ___ Adult T-shirt Size S M L XL XXL Amount Enclosed \$ _____ (Checks payable to American Lung Association)

Emergency Contact: Name: _____ Phone: _____

Do you suffer from a lung ailment? Yes ___ No _____

Participant's Waiver This section must be signed by all participants. Participants under the age of 18 must have the form signed by their parent or guardian. In consideration of this entry, I, intending to be legally bound, hereby do for myself, my heirs, executors and administrators, waive and release the American Lung Association in Pennsylvania, and all other contributing organizations, their successors, representatives and assignees from liability for any injuries suffered by me at this race. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts or promotions of this event.

Signature _____ Date ___/___/_____

Parent Signature _____

(if under age 18)

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