

Smiles for Miles 5K: In Memory of Samantha Lengel

May 21, 2016

Pine Grove Township Building-
Recreation Center

175 Oak Grove Rd. Pine Grove, Pa
17963

SCHEDULE:

7:45-8:45 am Registration (Under
pavilions)

9:00 am Smiles for Miles Run

10:00 am Children's ½ Mile Fun Run
(On recreation track. Ages 12 & Under)

11:00 am Awards

*Light Refreshments will be available all
day!

START & FINISH:

Start and finish at Township Building
parking lot.

RACE COURSE:

Easy, scenic course with 1 moderate
hill.

ENTRY FEES:

\$25 per person by 5/10/16 (postmark
date)

\$30 after 5/10/2016 and day of
registration.

***Walkers are welcome!**

***Fun Run: Ages 12 & Under.**

***T-Shirts given to all pre-registered
runners!**

***Extra T-Shirts will be on sale the day
of the race.**

****All profits will benefit the Samantha
Lengel Memorial Scholarship Fund!**

PARKING:

Parking attendants will direct where to
park.

AWARDS:

Medals will be given to:

- ★ Top 3 Males (in each age group)
- ★ Top 3 Females (in each age
group)
- ★ Overall Male & Female finishers
- ★ Each child will receive a certificate
completing the Fun Run

Samantha's Story

October 25, 1995-January 17, 2013



Samantha Lengel was a high-spirited resident of Pine Grove, Schuylkill County. She attended Pine Grove Area High School, where she was placed into the top 10% of her class. She played on the school's softball and basketball teams. She also played for a traveling softball team, Central PA X-plosion. She had many friends and an amazing family who she loved and cherished very much. There was never a day where a smile would not cross her face. One day after school, Sam collapsed in the high school parking lot. She was flown to the Hershey Medical Center where she passed away from a blood clot. For passing away at such a young age, her life still lives on to this day in the hearts of others. She taught many people to live life to the fullest, smile through the good and bad times, and to cherish loved ones.

Entry Form

Name _____

Age _____ Birth Date _____

Sex: Male Female (Circle One)

Address _____

City _____

State _____ Zip _____

Phone _____

Check Event Below:

5K Run _____

Children's Fun Run _____

T-Shirt Size: S M L XL XXL

YS YM YL
(Circle One)

By submitting this Entry Form, I represent that I have read, understand, and agree to the following terms of my participation in the Smiles for Miles 5K: In Memory of Samantha Lengel in Pine Grove, PA:

1. I assume the potential risks in participating in the Smiles for Miles 5K: In Memory of Samantha Lengel in Pine Grove, PA including, but not limited to, falling, contact with other participants, traffic conditions on and around the race course, the condition of the race course, and the impact of weather (including high heat and humidity).

2. I am medically able to participate and will abide by any decision of any race official, before or during the event, relative to my ability to safely participate. I agree that my failure to honestly represent my ability to participate in the Smiles for Miles

5K: In Memory of Samantha Lengel in Pine Grove, PA, or to accept the conditions of participation as stated above, may result in my disqualification from participation.

3. In order to maintain my safety and those of other participants and individuals involved with the Smiles for Miles 5K: In Memory of Samantha Lengel in Pine Grove, PA, I must and shall participate in the event alone, unassisted, and without the aid of any person, animal, or device, including, but not limited to, skates, skateboards, skis, and cycles.

4. My entry fee is non-refundable and my participation in the Smiles for Miles 5K: In Memory of Samantha Lengel in Pine Grove, PA, is non-transferable.

5. I hereby grant permission for my name, photo, video, likeness, and/or voice to be used by the Smiles for Miles 5K: In Memory of Samantha Lengel in Pine Grove, PA, and/or any of its sponsors for any legitimate purpose.

Having read and agreed to the conditions of participation as contained within this Entry Form, and knowing the truthfulness of the information that I have disclosed on this form, in consideration of the acceptance of this application, I, for myself and anyone entitled to act on my behalf, waive and release the owners, organizers, managers, directors, and staff of the Smiles for Miles 5K: In Memory of Samantha Lengel in Pine Grove, PA, each and every sponsor, and any and all contractors and/or volunteers of the event, from any claims or liabilities of any kind arising in connection with my participation in the event, even though such liability may arise out of negligence or carelessness of any such party.

Signature _____

Must be signed by parent/guardian if participant is under 18

Mail Entry Forms to:

258 Oak Grove Rd.
Attn: Jennifer Reeves
Pine Grove, PA 17963

**Make Checks Payable to:
Smiles for Miles 5K**

Visit: pretzelcitysports.com

to register online!

Any Questions?

Contact: Jennifer Reeves

(570) 345-1232 (home)

(570) 617-4645 (cell)

jreeves1905@yahoo.com

Leanna Reeves

(570) 345-1232 (home)

(570) 640-7342 (cell)

rmrllr@comcast.net

Age Groups

18 & Under

19-29

30-39

40-49

50-59

60+

