



Friends of Angels Presents the 2nd Annual

Kat's 5K

Family Run/Walk

Kat's 5K is in memory of Kathryn Frances Lehoe, the stillborn daughter of Friends of Angels Founders Chris and Diane Lehoe. Friends of Angels was founded to give back to organizations that help families who have suffered the loss of a child. This year a portion of the race proceeds will once again benefit The Sweet Pea Project Organization and the remaining proceeds will assist

Friends of Angels in funding the Kathryn Frances Lehoe Burial Fund.

Visit us at www.friendofangels.org - Contact Diane Lehoe (717) 872-6608 or diane@friendofangels.org with any questions.

Saturday May 9, 2015 - 8:30 A.M. - Strasburg, PA

LOCATION: Wesley United Methodist Church, 40 W. Main Street, Strasburg, PA 17579
Race activities will be held in the back parking lot, entrance off of Franklin Street

COURSE: A 5k course on the rolling hills in the heart of Strasburg. All runners and walkers welcome.

AMENITIES: T-shirt to all participants that register by April 20th. Participants registering after that, including the day of the race, will receive shirts while they last. Refreshments and snacks, toilet facilities and time clock at finish. Held rain or shine. No refunds, mailed awards or shirts. Results will be posted on www.pretzelcitysports.com in 1-2 days.

AWARDS: Top Male & Female plus 3M, 3F in the following age groups: 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60+
This year we will have Team awards. There will be awards for the largest team & the team with the best t-shirt design

FEE: Early registration fee is \$25.00 (\$15.00 for 12 & under/5 & under are free - no shirt) for all entries received by April 20th.
Registration fee is \$30.00 (\$20.00 for 12 & under, 5 & under are free - no shirt) after April 20th including race day
All participants are required to register including those who are 5 & under.

PRE-PACKET PICK-UP (AT CHURCH) FRIDAY MAY 8, 2015 5-7 P.M. - RACE DAY 7:00-8:00 A.M.

Optional online registration available on www.pretzelcitysports.com
(nominal processing fee applies, closes on Wednesday May 6th at midnight)

MAKE CHECKS PAYABLE TO: FRIENDS OF ANGELS

Mail-In Registration: Complete this portion. Detach and mail to: Friends of Angels, P.O. Box 152, Willow Street, PA 17584

Last name _____ First name _____
Address _____ City _____ State _____ Zip _____
Sex: M / F - Race day age: _____ - Date of birth ____/____/____
Shirt size (circle one): Adult / Youth - S M L XL XXL - Phone: (____) _____ - _____ A.M. or P.M.
Team: _____ E-mail: _____
I am running/walking in memory of _____ (name will be placed on a memorial board)

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 also know that there will be traffic on the course and assume the risk for running in traffic. I also assume any and all other risks associated with running or attending the race including but not limited to falls, contact with other participants, the affects of the weather and the condition of the roads, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entr  e fee, I hereby for myself and anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Friends of Angels, any subcontractors it utilizes, all municipalities in which the race is held, the race committee, volunteers, any and all sponsors including their agents, employees, assigns or anyone acting for on their behalf, or anyone else associated in any way with the race, from any or all claims or liability for death, personal injury or property damage of any kind of nature what so ever arising out of, or in the course of, my participation in this event(s). This waiver extends to all claims of every kind or nature what so ever, foreseen or unforeseen, known or unknown. By entering this race, I am granting permission to Friends of angels to use any pictures or likeness of me secured at the event in any way they see fit without review, restriction or compensation. I HAVE READ AND UNDERSTAND THIS WAIVER: (if under 18, legal guardian must sign)

Signature: _____ Date ____/____/2015