



Presents the 9th Annual  
**5K Run/Walk and 1 Mile Fun Run**

*\*This Event is Rain or Shine*

**October 3, 2020**

**Peace Valley Park**

New Galena & Myers Road (Sailor's Point)  
Doylestown, PA 18901

**8:00 A.M.**

On-Site Registration

**9:00 A.M.**

5K Run/Walk (Timed)

**9:45 A.M.**

1 Mile Fun Run

**\$25 per person** 5K Run/Walk

\$30 day of race

**\$5 per child** (12 and under)

*\*Registration fees are non-refundable*

Questions? Contact us at [4TheMINDS@gmail.com](mailto:4TheMINDS@gmail.com)

**Register Online [www.4TheMINDS.org](http://www.4TheMINDS.org)**

**Registration Type:**

**5K Runner**

**5K Walker**

**1 Mile Fun Run**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Age (Day of Race): \_\_\_\_\_ Gender: M F

Shirt Size: YM S M L XL

\_\_\_\_ Yes, Please Add Me to Email List

*T-Shirts for registered participants (while supplies last)*

*Awards for Overall Male, Overall Female, and Age Groups*

Mail Registration and Payment (must be postmarked by September 30, 2020)

**PO Box #5, Hilltown, PA 18927**

Checks Payable to **4 The M.I.N.D.S.**



## Who We Are

We are your friends, your family, your neighbors - we are the 1 in 4 families in America who are affected by mental illness. We have experienced first-hand what it's like to suffer with an illness that many don't understand and for which there is little or no easily accessible support. We have experienced the hardships and heartaches, and even lost close loved ones to the ill effects of mental illness. We exist so that **Mental Illness No longer Defines Someone**. We exist to help and support those who suffer from mental illness, their loved ones, their family and friends. **We exist for you.**

[www.4TheMINDS.org](http://www.4TheMINDS.org)

Contact Us at [4TheMINDS@gmail.com](mailto:4TheMINDS@gmail.com)

**Weekly Peer-to-Peer  
Support Group  
Every Monday  
6:30pm to 7:30pm**

Aldie Medical Arts Building  
11 Welden Drive  
Doylestown, PA 18901

### Race Waiver

In consideration of my entry being accepted in the Race 4 The M.I.N.D.S. 5K Race/Walk event sponsored by the 4 The M.I.N.D.S. (Mental Illness No longer Defines Someone), intending to be legally bound, do hereby, for myself, my heirs, executors, and assigns, waive, release, and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against the 4 The M.I.N.D.S. or any other subsidiary or political division thereof, its or their respective officers, agents, representatives, successors, assigns, sponsors and employees for any and all damages which may be sustained and suffered by me with my association with or entry of participation in Race 4 The M.I.N.D.S. 5K Race/Walk event.

I further state that I am in proper physical condition to participate in this event and that as of the date of the event, I shall be in the same condition or I will not participate in such event. I agree that none of the above parties are under any obligation to provide a physical examination or other evidence of my fitness to participate in the race, with this being my sole responsibility. I also give permission for the free use of my name and picture in any broadcast, telecast, or other written account of the event.

In the case the entrant is a minor, the below signature of the minor's parent or legal guardian is mandatory as evidence of such parent's or legal guardian's waiver, certification and consent of the foregoing. ALL PERSONS UNDER THE AGE OF 18 must have written consent of their parents or legal guardian to compete in Race 4 The M.I.N.D.S. 5K Race/Walk event. The 4 The M.I.N.D.S. does not carry accident or hospitalization insurance on any event participant. It is recommended that participants review their own personal insurance policy for adequate coverage during all event activities.

I HAVE READ AND UNDERSTAND THIS WAIVER.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 2020

The undersigned parent or guardian hereby consents to the applicant's participation and waives and releases all rights and claims for damages as is more fully set above.

Parent/Legal Guardian Signature (if participant is under the age of 18):  
\_\_\_\_\_

Parent/Legal Guardian Name (Print): \_\_\_\_\_  
Date: \_\_\_\_\_, 2020

**\*No application will be processed without signed waiver. Race officials reserve the right to disqualify any runner for inappropriate action or behavior.**