

The 12th Annual
Oreland 5k Run

1 Mile Walk the Loop & 1/2 Mile Kids Fun Race

www.oreland5k.org

Saturday April 27, 2019

To Benefit The Histiocytosis Association, www.histio.org

Honoring Aiden Coyne

LOCATION: East Oreland Park, Twining & Wischman Road, Oreland, PA.

REGISTRATION/NUMBER PICKUP: April 26, 2019 from 6-8 pm (East Oreland Park)
April 27, 2019 registration opens at 7:30 a.m.

EVENT TIMES: 5k starts at 9:00 a.m.,
Kids ½ mile fun race at 9:45 a.m., (for children 11 & under)
Walk starts at 10:15 a.m.

Professional timing by Pretzel City Sports (www.pretzelcitysports.com)
Clock at finish, refreshments and food, a water station and rest facilities.
Rain or shine. No refunds or mailed awards.

COURSE: Road Race with several gradual hills through East Oreland neighborhoods. See Map www.oreland5k.org

AWARDS: 1st Place M/F Overall, Top M/F Masters (40+) & Top M/F Oreland Resident
Plus top 3 Male & Female in 10 and under, 11-19, 20-29, 30-39, 40-49, 50-59, 60+
All kids who compete the in the kids fun run will receive a toy medal

ENTRY: 5K Fee: Register before 4/17 - \$20.00 with shirt guaranteed, After 4/17 - \$25 (shirts while supply lasts)
\$5 per runner discount for groups of 3 or more (paper applications for group fee must be submitted together)
Kids Run: \$10.
1 Mile Walk: \$15 – jogging strollers welcome!

PARKING: From Twining Road turn onto Wischman (away from race starting line) and find parking on Garden Road and other cross streets in neighborhood. Parking is also available on side streets from Pennsylvania Ave to Orelando Ave between Bala and Rech. Christ Lutheran Church at Pennsylvania Ave and Rech Ave. **Please do not park on Wischman or Apel Aves.**

Online registration available at www.oreland5k.org click on online registration *(nominal processing fee applies, closes on Wednesday, April 25, 2019 at midnight)*

MAIL CHECK PAYABLE TO "EONA" & FORM BELOW TO: PO Box 31, Oreland, PA 19075 *(postmark by 4/12 to ensure delivery)*
If you would like to send a donation or become a sponsor please visit www.oreland5k.org for more details or send check payable to Histiocytosis Association to PO Box 31, Oreland, PA 19075
Questions can be directed to: Courtney Lauer at oreland5k@gmail.com

Last name _____ First name _____

Address _____ City _____ State _____ Zip _____

Circle one: 5K 1 M Walk Kids Run Sex: M F Race day age: _____ Date of birth ____/____/____

Shirt Size (circle one) : S M L XL XXL Youth: S M L Oreland Resident: YES NO

Email: (print clearly) _____

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 or 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 entry fee, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Pretzel City Sports, East Oreland neighborhood Association, Histiocytosis Association of America, 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 Pretzel City Sports and the Oreland5k organization to use any pictures or likenesses 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 ____/____/ 2019