

3rd Annual

# LLS/Team Decker 5K Walk/Run & Tricky Tray Raffle

## Easton-Saturday, June 22, 2019- 8:15 AM 5K Start

All race proceeds benefit the Leukemia and Lymphoma Society.

Team Decker will also be running the Disney World Half Marathon on January 11, 2020 for this worthy cause.

Sponsored by St. Luke's University Hospital Network and St. Luke's Sports Medicine

Website for donations directly to LLS/Team Decker <https://pages.teamintraining.org/epa/wdw20/TeamDecker>

**Location/Registration:** Start and finish at Notre Dame HS @ Green Pond 3417 Church Rd. Easton, PA 18045.

Registration and packet pick up starts at 7 AM. Tricky Tray opens @ 8:30 AM inside the Notre Dame Annex Building. **Tricky Tray drawing to follow 5K @ 9:30.**

**Course:** Flat and fast on roads closed for the race. Slight downhill start and finish.

Time trial course for NDHS Cross Country team. Great place to PR!

**Awards: 5K** – Overall Male & Female winner and Top 3 Finishers in each age group, male and female.

14 and under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+

**Amenities:** Tricky Tray: Over \$6000.00 in prizes or gifts in a donation raffle! T-Shirt to all pre-registrants of 5K Walk/Run and race day entries while supplies last. Special LLS t-shirts will be on sale on race day.

Refreshments for finishers, indoor toilets, plenty of parking, time clock at finish.

Rain or shine. No refunds or mailed awards. Results on [www.pretzelcitysports.com](http://www.pretzelcitysports.com) in 1-2 days.

**Entry: 5K** - \$25 for pre-registration received by June 8<sup>th</sup>. T-Shirt guaranteed in size ordered.

\$30 after that date and including race day.

**Optional Online Registration:** [www.pretzelcitysports.com](http://www.pretzelcitysports.com)

(Nominal service fee applies. Closes at midnight the Wednesday before the race)

Mail in registration must be received by June 18<sup>th</sup>. Mail checks payable to: LLS/Team Decker and completed form below to: LLS/Team Decker, 255 Presidential Drive, Bethlehem, PA 18020. Race Director: Eugene M. Decker 610-476-0561, doctorcoach87@aol.com

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**Last name** \_\_\_\_\_ **First Name** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Sex:** M F **Race day age:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_  
**Shirt Size (circle one):** S M L XL **Phone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **AM or PM??**  
**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 of 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 effects 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 you 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, LLS/Team Decker and 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 LLS/Team Decker to use any pictures or likenesses of me secured at the event of any they see fit without review, restriction or compensation. I HAVE READ AND UNDERSTAND THIS WAIVER: (if under 18, legal guardian must sign.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Medical Services provided by:

**St Luke's**  
Sports Medicine