WOMEN OF GOD 5k RUN/WALK



9:00am – Sat, September 14, 2019 Riverfront Park, Pottstown, PA 19464

LOCATION: Riverfront Park, 140 College Drive, Pottstown, PA 19464. **REGISTRATION:** Registration and Number pick-up begins at 8:00am –

5K Run/Walk starts at 9:00am – Awards immediately following 5k race

COURSE: It is a flat paved course along the scenic Schuylkill River. Walkers are invited to participate.

AMENITIES: T-shirts and finisher medals to all participates. Refreshments for finishers. Ample parking. Time clock at

finish and instant results. **RACE HELD RAIN OR SHINE - NO REFUNDS OR MAILED AWARDS.**

AWARDS: 1st overall M & F Winner plus top 3 M & F in the 18 and under, 19-29, 30-39, 40-49, 50-59, 60 and up.

ENTRY COST / INFORMATION: \$35 - T-shirts and finisher medals to all participates.

RACE DIRECTOR: deAnna Nelson, (424) 624-4873 - deanna@womenofgodrun.com

Online Registration Available at: www.womenofgodrun.com/wog5krun

This race is profession	onally timed by PRETZEL C Results available at	ATY SPORTS (www.pretzelcitysports.co t time of race	m)
	Please Print Clo	learly	
MAIL CHECK PAYABLE TO "V	WOMEN OF GOD 5k RU Women of GOD Run" WOG	UN/WALK GR, 1531 Wilson St., Pottstown, PA 194	464
Name:	Gender:	: Age on Race Day:	
Address			
City/State/Zip:	PI	Chone:	_
Shirt Size (circle one): S M L XI			

WAIVER: In consideration of your accepting this entity, I the below signed, intending to be legally bound for myself, my heirs, executors, administrators waive and release any and all rights and claims for damages I may have against the race and sponsors and their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest that I will participate in this event as a footrace. I am physically fit for the completion of this event. Furthermore, I hereby grant full permission to use my name and likeness, as well as any photographs and any record of this event in which I may appear for any legitimate purpose including advertising and promotion. I HAVE READ AND UNDERSTAND THIS WAIVER: (if under 18, legal guardian must sign)

Signature	Date /	/ / 20
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