



Clinic for Special Children

2nd ANNUAL 5K

REGISTRATION FORM

SEPTEMBER 21, 2019 | 9:00 A.M. | STRASBURG, PA

All proceeds will support the mission of the Clinic for Special Children, a medical home for children and adults living with rare genetic disease.

Runners, joggers, and walkers are invited to join us for a 3.1 mile course along scenic country roads, winding through Lancaster County farmland, venturing past a vineyard, an Amish schoolhouse, and acres of picturesque Amish farms.

WHERE | The course starts and ends at the Clinic for Special Children, 535 Bunker Hill Road, Strasburg, PA 17579.

TIMES | 9:00 a.m. start for 5k race. Awards ceremony, kid's fun run, silent auction, and bake sale following the race. Race day registration will be open from 7:45 – 8:50 a.m. Packet pick-up will be available Friday evening from 5-7 p.m. and race day morning at the Clinic.

5K ENTRY FEES

\$25 | if registered by Sept 2, includes goody bag and t-shirt (*Entry and payment must be received no later than September 2*).

\$30 | after September 2 (including race day), goody bag and t-shirt while supplies last.

FREE Kid's fun run for ages 7 & under. Fun run dash starting immediately after the 5k awards ceremony.

Online registration available at www.pretzelcitysports.com (*nominal service fee, closes at midnight, Wednesday, Sept. 18*).

If paying via check, make payable to **Clinic for Special Children**.

Mail registration form & payment to: Clinic for Special Children, Attn: Kelly Cullen, PO Box 128, Strasburg, PA 17579

PACKET PICK-UP | Friday, September 20 between 5-7 p.m. and race day from 7:45-8:50 a.m. at the Clinic for Special Children.

AWARDS | Medals will be awarded to: 1st overall male and female and top 3 males and females in the following categories: 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+.

FUNDRAISING FOR CSC | Awards will be given to top fundraising team or individual! Fundraise with family & friends before the race and bring donations to our registration table on race day. All are welcome to fundraise!

QUESTIONS | Contact Kelly Cullen at kcullen@clinicforspecialchildren.org, call 717-687-9407, or visit www.ClinicforSpecialChildren.org.

Event will be held rain or shine. No refunds, mailed awards, or mailed t-shirts. Race results posted on www.PretzelCitySports.com and photos posted Monday, September 23 on ClinicforSpecialChildren.org.

Name: _____ **Phone:** _____

Address: _____ **E-mail:** _____

City/State: _____ **Zip:** _____ **Team** (see Fundraising above): _____

Birth Date: ____ / ____ / ____ **Age on Race Day:** _____ **Gender** (circle one): Male Female

T-Shirt Size (circle one) | Adult sizes, while supplies last

S M L XL 2XL

Emergency Contact:

Name: _____ **Phone:** _____

Waiver and Release: Please read prior to signing.

In consideration of being permitted to participate in Clinic for Special Children's 5K, I agree to assume all risks inherent in participation in such an event, whether they are apparent to me or not. I certify that I am in good physical health and fit to participate. Nevertheless, I acknowledge that participation carries an inherent risk of injury to my person and damage to my property. I hereby waive and release, for myself and for my heirs and assigns, any and all claims, causes of action, or liabilities which may hereafter accrue against Clinic for Special Children, employees, volunteers, officers, directors, successors and any and all sponsors, their representatives and successors, that may arise as a result of my participation in Clinic for Special Children's 5k, including any and all claims for personal injuries caused by CSC's negligence. I grant permission to use photos of me and release my name for any and all event purposes. All of the foregoing has been read by the undersigned and voluntarily been signed.

Signature: _____ **Date:** _____

FOR RACE STAFF ONLY: **BIB#:** _____ **PAYMENT:** CASH CC CHECK (#)