



# COBSCARES 5K

Saturday October 19, 2019  
At DeSales University, Center Valley, PA

Proceeds to Community Outreach Benefit [COBCARES.org](http://COBCARES.org)

**5K Runners and 2.5K Walkers start at 10 am**  
**Kids Fun Run starts at 9:45 am**  
**Hosted by DeSales ALPHA PHI OMEGA**

LOCATION/REGISTRATION: The Dorothy Day Student Union, 2755 Station Ave. Center Valley, PA, 18034 beginning at 8:30 am. Look for signage and volunteers.

COURSE: Enjoy the 5K run or 2.5K walk on rolling macadam through the beautiful DeSales campus! The Kids Fun Run will be on the lush lawn behind Dorothy Day Student Union. Creative costumes are encouraged yet optional!

AMENITIES: Long sleeve T-Shirts to all who pre-register before October 5, 2019. Refreshments at finish line, indoor restroom facilities and parking. Held rain or shine. Results will be posted on [www.pretzelcitysports.com](http://www.pretzelcitysports.com) and [www.cobcares.org](http://www.cobcares.org) on Monday, October 21st.

AWARDS: Awards will be given to top overall male and female runner along with the top two male and female finishers in each age group. Age groups include 13 and under, 14-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+. There will also be an award for the best costume which will be determined by crowd applause. To win the award you must wear the costume in the run/walk.

REGISTRATION AND FEE: Entry fee is \$10 for kids (13 and under) for both the Kid's Run, 5K Run or 2.5K Walk. This increases to \$15 after October 5, 2019. Early registration fee for all others is \$25 for entries received on or before October 5, 2019. Registration fee is \$30 for all entries received after October 5, 2019, including race day. The registration form and the link to on-line registration can be obtained at [www.cobcares.org](http://www.cobcares.org). Online registration is available at [www.active.com](http://www.active.com) (nominal processing fee applies).

visit [www.cobcares.org](http://www.cobcares.org) for more info on our charity and 5K registration.

**PLEASE MAIL CHECK PAYABLE TO: COBCARES (Community Outreach Benefit) & mail form below to:**

St. John's UCC ATTN: COBSCARES 5K  
538 E. Thomas Street  
Coopersburg, PA 18036

Contact Jeff at [cobscares5k@gmail.com](mailto:cobscares5k@gmail.com) or 484-707-7634 for more information or questions

PLEASE PRINT CLEARLY

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Race day age \_\_\_\_\_ Date of birth \_\_\_\_\_

Distance (circle one): 5K 2.5K walk Kids Fun Run Sex: M F Phone \_\_\_\_\_

Shirt size Adult (circle one) S M L XL XXL Shirt size Child (circle one) S M L XL

email \_\_\_\_\_

**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 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 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 COBSCARES 5K, DeSales University, 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 COBSCARES 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