

10th Annual Kat's 5K Run/Walk



SATURDAY
MAY 11, 2024
8:30 A.M.
STRASBURG, PA

Kat's 5K is in memory of Kathryn Frances Lehoe, the stillborn daughter of Friends of Angels Founders Chris and Diane Lehoe
Proceeds to benefit The Sweet Pea Project Organization, the Garden of Hope & The Kathryn Frances Lehoe Burial Fund

Visit us at www.friendsofangelspa.org - Contact Diane Lehoe diane@friendsofangelspa.org with any questions.

LOCATION: Wesley United Methodist Church, 40 W. Main Street, Strasburg, PA 17579

Race activities to be held in the back parking lot

EVENT: Join us on a 5K course through the rolling
Hills in the heart of Strasburg, PA. All
Runners/walkers are welcome to attend

TEAM AWARDS: Best T-Shirt Design is BACK!!!

Largest Team award: Invite your family & friends!

T-Shirt Award: best design voted on by volunteers

NO PETS

FEES: Guaranteed t-shirt if registered by April 24th
Based upon availability after the 24th
\$30.00 (\$20.00 for 12 & under) by April 24th
\$35.00 (\$25.00 for 12 & under) after April 24th
Age 5 & under are free (no shirt) must register

PACKET PICKUP: *NEW LOCATION*****

We can no longer use the big red barn, therefore

Packet pickup will be in the Church Fellowship

Bld/old firehouse at the end of the parking lot

AWARDS: Cash Prize Top Male & Female - medals to 3M, 3F in the following - 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60+

Race results posted on www.pretzelcitysports.com in 1-2 days

Optional online registration available on www.pretzelcitysports.com

(nominal processing fee applies, closes on Wednesday May 8th at midnight)

Mail-In Registration: Complete this portion. Detach and mail to: Friends of Angels, P.O. Box 152, Willow Street, PA 17584

PRE-PACKET PICK-UP FRIDAY MAY 10th 4-7 P.M. - PACKET PICK-UP RACE DAY 7:00-8:00 A.M.

Last name _____ First name _____

Address _____ City _____ State _____ Zip _____

Sex: M / F - Race day age: _____ Date of birth ____/____/____

Shirt size (circle one): Adult / Youth - S M L XL XXL - Phone: (____) _____ - _____ A.M. or P.M.

Team: _____ E-mail: _____

I am running/walking in memory of _____ (name will be placed on a memorial board)

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 and 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 entr e fee, I hereby for myself and anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Friends of Angels, 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 Friends of angels to use any pictures or likeness of me secured at the event in any way they see fit without review, restriction or compensa-

Signature: _____ Date ____/____/2024