EMPOWERING THOSE WHO ARE EXPERIENCING POVERTY & HOMELESSNESS

Family Friendly
Wheelchair Friendly
Dog Friendly
Stroller Friendly



SATURDAY, OCTOBER 4TH 9:00 AM NORRISTOWN FARM PARK

Free Food Basket Raffle 50/50 Raffle Games –

BENEFITTING THE NORRISTOWN HOSPITALITY CENTER SOLIEHARY ESTEK COM

LOCATION: Norristown Farm Park - Whitehall Road Entrance - 401 N. Whitehall Rd, Norristown PA 19403

COURSE:

- Last year, we introduced a brand-new 10K race for those seeking longer distances or gearing up for marathons. Both the 5K and 10K courses wind through the picturesque landscape of Norristown Farm Park. If you haven't experienced running at the Farm Park yet, you're missing out on a hidden gem. You can decide "on-the-fly" which distance you are running. If you start the run and you feel good, go ahead and do a 2nd loop for 10k. If you intend to run the 10k and feel terrible, stop after 5k. No judgement!
- IMPORTANT: Anyone not completing the 5k in 45 minutes cannot run the 10k. Per park rules, we must begin taking the course down promptly and we don't want people left on the course.

SCHEDULE: 7:30 - Day-of registration/check-in opens

8:50 - Head to start line 9:00 - 5K/10K begins 9:02 – Walk begins

10:10 - Raffle and award ceremony

AWARDS: Top 3 Overall Male & Female, Age Group Awards Top 3 Male & Female: 13 and under, 14-19, 20-29, 30-39, 40-49, 50-59, 60+

\$100 Cash Prize for Any New Course Records

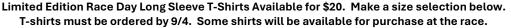
5K Course records: Male - 16:13 ● Female - 17:51

10K Course records:

Male - 33:49 ● Female - 40:03

AMENITIES: Professionally timed by Pretzel City Sports, water stop on course, race bag with giveaways and coupons, raffle baskets, refreshments and plenty of parking provided.

REGISTRATION FEES:				
5K & 10K Runners	Walkers	Students (Under 21)		
\$30.00	\$20.00	\$20.00		
\$35.00	\$25.00	\$20.00		
\$40.00	\$25.00	\$25.00		
	5K & 10K Runners \$30.00 \$35.00	5K & 10K Runners Walkers \$30.00 \$20.00 \$35.00 \$25.00		





For more information and online registration, scan the QR Code or visit soleharvest5k.com

Last Name:		First Name:	
Address:		City:	
State:	Zip:	Phone:	
Email:		Race Day Age:	Gender:
Date of Birth:		Team Name:	
Event (circle):	5K 10K 1 Mile Walk Student Pricing	Shirt Size (circle):	S M L XL XXL (Add \$20 for each shirt)

In consideration of you accepting this entry, I, the participant, intending to be legally bound do hereby waive and forever release any and all right and claims for damages or injuries that I may have against the Event Director, RunSignUp.com, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees. I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able to do so and properly trained. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and course conditions, and waive any and all claims which I might have based on any of those and other risks typical found in running a road race. I acknowledge all such risks are known and understood by me. I agree to abide by all decisions of any race official relative to my ability to safely complete the run. I understand that the event will occur rain or shine. I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that a licensed

Medical Doctor has verified my physical condition.

In the event of an illness, injury or medical emergency arising during the event I hereby authorize and give my consent to the Event Director to secure from any accredited hospital, clinic and/ or physician any treatment deemed necessary for my immediate care. I agree that I will be fully responsible for payment of any and all medical services and treatment rendered to me including but not limited to medical transport,

By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above release and waiver.

Further, I grant permission to all the foregoing to use my name, voice and images of myself in any photographs, motion pictures, results, publications or any other print, videographic or electronic recording of this event for legitimate purposes.

Signature: Date: