

29<sup>th</sup> Annual  
Community  
Run/Walk

# 5k

PITTSBURGH'S  
**OHIO VALLEY  
GENERAL HOSPITAL**

One of the best hospitals in the city isn't in the city.

AND  
**KENNEDY TOWNSHIP**

## Miles of Smiles Timing

### Top Prizes

	Male	Female
1st place .....	\$150	\$150
2nd place .....	\$ 75	\$ 75
3rd place .....	\$ 50	\$ 50
Masters .....	\$100	\$100

### Age Groups

9 and Under	40 to 44 years
10 to 14 years	45 to 49 years
15 to 19 years	50 to 54 years
20 to 24 years	55 to 59 years
25 to 29 years	60 to 64 years
30 to 34 years	65 to 69 years
35 to 39 years	70 and over

*Awards will be given to the top three male and female finishers in each age group. Top prize winners will not be included in age group awards.*

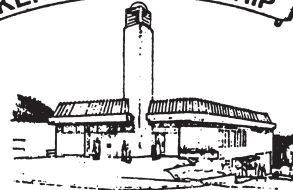
*Competitors who do not provide their age at the time of registration are ineligible for a prize or medal.*

## Thanks to our Race Sponsors

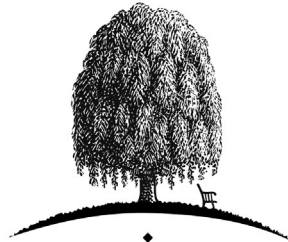


Pittsburgh's  
Family Care Center

KENNEDY TOWNSHIP



ALLEGHENY COUNTY, PA



◆ THE WILLOWS ◆

PITTSBURGH'S  
**OHIO VALLEY GENERAL HOSPITAL**

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## Race Results

Unofficial race results are available immediately following the race by Miles of Smiles at the awards ceremony. Also look for official results on [www.smileymiles.com](http://www.smileymiles.com)

For more  
information, call  
**(412) 777-6313**

**8 a.m. – Rain or Shine**

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**May 15, 2010**

## Ready, Set, GO!

The event begins at 8 a.m. rain or shine at the main entrance of Ohio Valley General Hospital. A continental breakfast and awards ceremony will be held after the race for all participants and volunteers.

## Parking

Plenty of free parking is available on the hospital grounds.

## Packet and T-Shirt

The first 200 registered participants are guaranteed a t-shirt, compliments of Ohio Valley General Hospital. You may pick up your race packet at the registration table on race day.

## Registration and Fee

The event fee is \$12 before May 15 and \$15 the day of the event. Registration will be open from 6:30 a.m. to 7:45 a.m. at the Hospital's main entrance. Additional applications are available at Ohio Valley General Hospital's Information Desk and the Kennedy Township Municipal Building.

## Miles of Smiles Timing System

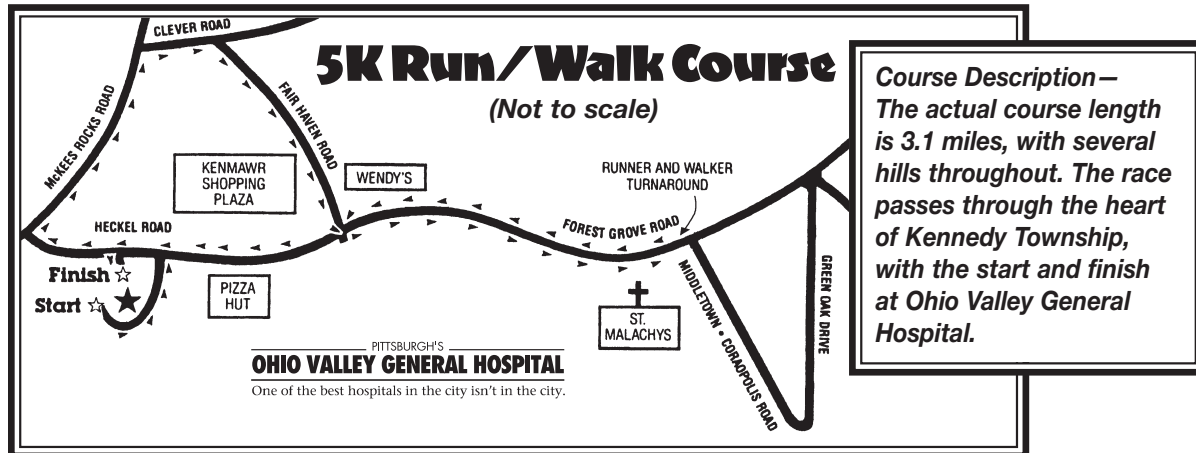
All 5K participants will be scored using the Miles of Smiles Timing System. On race day, runners will be issued a rental computer chip, which is attached to the ankle and worn throughout the race. Special mats at the finish will record a finishing time for each chip.

All rental chips must be returned at the finish line. Participants who do not return their chips will incur a \$35.00 fee.

## General Hospital

**From I-79:** Take I-79 to the Crafton/Moon Run exit; if traveling North, it is exit 60A (formerly exit 16); if traveling South, it is exit 60A (formerly exit 16B). Bear right down the hill to merge onto Route 60 South. Immediately get into the left lane. At the stop light before Kings Restaurant, turn left onto Lorish-McKees Rocks Road. Drive 2 miles, going straight through the stop light at Kennedy Center, then turn left at the stop sign onto Heckel Road. The first right will bring you into Ohio Valley General Hospital's main entrance.

**For directions from downtown Pittsburgh, the Greater Pittsburgh International Airport, Ohio River Blvd.\ Route 65 or the South Hills area, call: 412-777-6313 to receive a map or visit the Hospital's web site at [www.ohiovalleyhospital.org](http://www.ohiovalleyhospital.org).**



**For more information, call (412) 777-6313**

## Application

— All information must be completed for participants to be scored.

LAST NAME

FIRST NAME

MAILING ADDRESS

CITY

STATE

ZIP

 - 

AREA CODE/HOME PHONE

 -  - 

AGE ON RACE DAY

DATE OF BIRTH

 /  / 

SEX (S, M, L, XL)

E-MAIL ADDRESS

RUN / WALK

(before May 15)

\$12 FEE

RUN / WALK

(Day of Event)

\$15 FEE

RUNNER NO.	AMOUNT RECEIVED	DATE RECEIVED	CHIP NO.

**MAKE CHECKS PAYABLE AND MAIL TO:**

Ohio Valley General Hospital  
Marketing Department  
25 Heckel Road  
McKees Rocks, PA 15136

*WAIVER: In consideration of your acceptance of this entry: I, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the township of Kennedy, Ohio Valley General Hospital and any other sponsors and their representatives, successors and their assigns for any and all injuries suffered by me in said event. I attest and verify that I will participate in this event as a footrace entrant, that I am physically fit and sufficiently trained for the completion of this event and my physical condition has been verified by a licensed Medical Doctor. I hereby grant full permission to any and all the foregoing to use my name, likeness and voice, as well as any photographs, videotapes, motion pictures, recordings or any other record of this event in which I may appear for any legitimate purpose, including television broadcast of this event, the reuse in any media of this broadcast and in advertising and promotion for such broadcast and reuse.*

Signature

Date

Co-signature



Co-signature required if applicant is 17 years of age or younger.