

# 3<sup>rd</sup> Annual Jameson Hospital Run for your Heart

## Participant Registration Form

**RACE DATE** July 13, 2013 \$20.00 t-shirt guaranteed with Pre-Registration by July 2<sup>nd</sup>

**RACE DAY REGISTRATION** 7:30 a.m. 8:50 a.m. \$20.00 t-shirts first come/served

**TIMING SERVICE** Miles of Smiles -- Results at [simileymiles.com](http://simileymiles.com)

**AWARDS** Top 3 Finishers Overall -- Men and Women in 5K Run/Walk and 10K Race – Top 3 in each age group, male and female for 5K and 10K – 5k Team Competitions – up to 5 per team (need to registered together at the same time), top 3 individuals score – awards to overall male and female teams and corporate co-ed teams

**AGE GROUPS** 5K Run/Walk <14; 15-19; 20-24; 25-29; 30-34; 35-39; 40-44; 45-49; 50-54; 55-59;  
60-64; 65-69; 70-74; 75-79; 80+

10K Runner <19; 20-29; 30-39; 40-49; 50-59; 60-69; 70-79; 80+

**CONTACT** Doug Petrik, *Information Race Director* at [dpetrik@jamesonhealth.org](mailto:dpetrik@jamesonhealth.org) or 724.656.4661  
Cyndee Adamo, *Volunteer Coordinator* at [cadamo@jamesonhealth.org](mailto:cadamo@jamesonhealth.org) or 724.656.4112



**Mail Completed Registration Form to** Cyndee Adamo, Jameson Hospital  
1211 Wilmington Ave., New Castle, PA 16105  
\*\*Include \$20.00 check made payable to **Jameson Junior Guild**

For more information about the 5K-10K, please visit [jamesonhealth.org/runforyourheart](http://jamesonhealth.org/runforyourheart).

**Participation Type** (check one)  10K Run  5K Run/Walk

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Participating on a 5K run/walk team?  Yes, Team Name: \_\_\_\_\_

Male Team  Female Team  Co-Ed Team

Please note you must submit full team at one time. Again, up to 5 members per team, top 3 individual scores will be recorded.

**Gender:**  Male  Female **Age on Race Day:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**T-Shirt Size** (check one)  S  M  L  XL  2XL  3XL

I know that running is a potentially hazardous activity. I should not enter or run this event unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release this race and all organizers, sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event. I also release authorization to publish any photos that I am included in on event day.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If Under 18, Parent Signature:** \_\_\_\_\_