

# **BIG ONE RUN**

## **Saturday, 02/21/2026**

**1 Mile @ 04:00 p.m. / 5K @ 04:20 p.m.**

**Cascade Park  
1928 East Washington Street  
New Castle, PA 16101**

This race is being held at Cascade Park in New Castle, PA.  
We have added a 5K to the race. Customized beanie hat to the first 100 entrants.  
Don and Natascha Cratty will supply cookies and coffee to all runners and walkers.

Big Run Falls is the name of the waterfall at Cascade Park.

Customized Finisher Medals to all finishers.  
Everyone will get a beautiful black and gold inscribed finisher medal.  
There will be 6 raffle prizes, you must be present to win.

**Pre Registration cost:**

**Race: 1 Mile Run / Walk or 5K \$20.00**

**Both 1 Mile and 5K Run \$30.00**

Online registration available at [RunSignUp.com](http://RunSignUp.com) or  
Make checks payable and send to:

**Miles of Smiles Timing Services  
511 Harpers Ferry Road  
Ellwood City, PA 16117**

Gender:  M  F Age \_\_\_\_\_ Race Day Registration will be \$5.00 additional.

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

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

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

Phone: \_\_\_\_\_ E Mail: \_\_\_\_\_

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 decision 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 any photos that may involve myself. Participant Signature Parent or Guardian:

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_