9th Annual Archbald Borough Health Awareness 5K Run/Walk

Proceeds to benefit this year's honoree, Roni Sue Lowe, who is undergoing treatment for cervical cancer

Saturday, August 6, 2016
9:00 AM Race Start – Registration 7:30-8:45

Entry Fee: Pre-Registration $15.00 by Saturday, July 30th – Entries must be post-marked by this date in order to guarantee a t-shirt! We run out every year on race day– so register early to get one!
Race day Registration - $20.00 – (limited number and sizes of t-shirts)

**Race-Day Registration will be held from 7:30 – 8:45 at the Archbald Borough Building, which is located on Church Street in Archbald across from St Thomas Aquinas Church. The race will start at 9:00 AM with walkers lining up behind runners. The run/walk will start and finish at the Borough building and will take place rain or shine! Age group awards will be given! Registering for the race automatically enters you to win door-prizes including baskets and gift certificates, which will be raffled off after the awards ceremony. You must be present to win!

Race applications are available at *www.archbaldboroughpa.gov*. Applications are also available at the Archbald Borough Building.

For more information, please contact Mayor Barrett at 570-498-9398, Councilwoman Erin Owen at 570-351-2307 or Lisa at 570-489-4475.

PLEASE MAIL THE PORTION BELOW TO THE ADDRESS INDICATED TO REGISTER!

The 9th Annual Archbald Borough Health Awareness 5K Run/Walk Entry Form
Pre-registration - $15.00 by Saturday, July 30, 2016
Day of Race - $20.00 (7:30 – 8:45 AM)

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

**Age: _____ **Gender: _____ **Required Information for age group awards

Circle One: RUN WALK T-Shirt Size: (circle one) S M L XL

WAIVER APPROVAL: (ALL ENTRANTS MUST SIGN)
I know that participating in a road race is a potentially hazardous activity. I should not enter unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to safely completing the run/walk. I assume all risks associated with running in this event including but not limited to falls, contact with other participants, the effects of weather, and all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I waive and release Archbald Borough and all sponsors and volunteers from all claims or liabilities of any kind arising out of my participation in this event.

Signature: _____ Date: _____
Please use parent signature if under age 18

**** Make check payable to Archbald Borough Health Awareness and mail check and entry form to Archbald Borough Building, 400 Church Street, Archbald PA 18403****