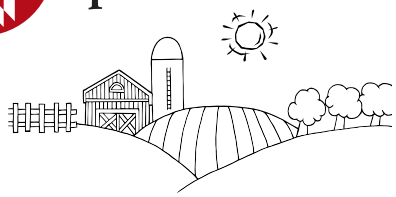
Clinic *for* Special Children



1st ANNUAL CSC 5K

SEPTEMBER 22, 2018 | 8:00 A.M.
STRASBURG, PA

5K RUN/JOG/WALK REGISTRATION FORM

All proceeds will support the mission of Clinic for Special Children,
a medical home for children living with rare genetic disease.

Runners, joggers, and walkers are invited to join us for a 3.1 mile easy course starting and ending at the Clinic for Special Children in Strasburg Township along scenic country roads, winding through Lancaster County farmland. Participants will have full use of the closed road as they venture past vineyards, see an Amish schoolhouse, and pass by acres of picturesque Amish farms.

WHERE: The race begins and ends at the Clinic for Special Children, 535 Bunker Hill Road, Strasburg, PA 17579.

TIMES: 5K Run/Jog/Walk starts at 8:00 a.m. with awards ceremony following the race.
Registration and packet pick-up will be open on race day from 6 a.m. - 7:30 a.m.

Name: _____

Address: _____

Apt/Unit#: _____

City & State: _____ Zip: _____

Birth Date: _____ Age on race day: _____

T-shirt size (while supplies last)

S M L XL 2XL

Phone: _____

E-mail: _____

Team: _____

Gender (circle one): Male Female

Emergency Contact Name:

Name: _____

Phone: _____

ENTRY FEES:

$25 if registered by Sept 1, includes goody bag and t-shirt (Entry and payment must be received no later than September 1)

$30 after September 1 (including race day), includes goody bag and t-shirt while supplies last

FREE for children age 3 and under

Optional online registration available at https://www.pretzelcitysports.com (nominal service fee applies, closes at midnight, Wednesday, September 19)

PRE-PACKET PICK-UP: available Friday, September 21 between 4-7 p.m. at Clinic for Special Children

AWARDS: Medals will be awarded to: 1st overall male and female and top 3 male and female in the following categories: 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60+

This event will be held rain or shine. No refunds, mailed awards, or mailed t-shirts. Race results posted on www.pretzelcitysports.com Monday, September 24.

QUESTIONS: Contact Keturah Beiler at kbeiler@comcast.net or 717-687-9407

Please make checks payable to Clinic for Special Children
Mail payment and registration form to: Clinic for Special Children, PO Box 128, Strasburg, PA 17579

Waiver and Release: Please read prior to signing.

In consideration of being permitted to participate in Clinic for Special Children's 5K, I agree to assume all risks inherent in participation in such an event, whether they are apparent to me or not. I certify that I am in good physical health and fit to participate. Nevertheless, I acknowledge that participation carries an inherent risk of injury to my person and damage to my property. I hereby waive and release, for myself and for my heirs and assigns, any and all claims, causes of action, or liabilities which may hereafter accrue against Clinic for Special Children, employees, volunteers, officers, directors, successors and any and all sponsors, their representatives and successors, that may arise as a result of my participation in Clinic for Special Children's 5K, including any and all claims for personal injuries caused by CSC's negligence. I grant permission to use photos of me and release my name for any and all event purposes. All of the forgoing has been read by the undersigned and voluntarily been signed.

Signature: _____ Date: _____