



Clinic for Special Children®

4th ANNUAL 5K

REGISTRATION FORM

SEPTEMBER 18, 2021 | 9:00 A.M. | STRASBURG, PA

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

NEW this year – professional chip timing by Pretzel City Sports!

Runners, joggers, and walkers are invited to participate in the Clinic for Special Children 5k – a 3.1-mile course along scenic country roads, winding through Lancaster County farmland, venturing past a vineyard, an Amish schoolhouse, and acres of picturesque farms. Strollers and wheelchairs are welcome!

WHERE | The course starts and ends at the Clinic for Special Children, 535 Bunker Hill Road, Strasburg, PA 17579.

TIMES | 9:00 a.m. start for 5k race. Kid’s color fun run following the main 5k race. Race day registration for the 5k race & kid’s color fun run will open at 7:45 a.m. and close promptly at 8:45 a.m.

PACKET PICK-UP | Friday, September 17 between 9 a.m. – 5 p.m. and race day from 7:45 a.m. – 8:45 a.m. at the Clinic for Special Children.

5K ENTRY FEES

\$30 | by August 20, includes goody bag and t-shirt (entry & payment must be received by Aug. 20).

\$35 | after August 20 (including race day), goody bag and t-shirt while supplies last.

\$10 | Kid’s color fun run for ages 10 & under. Kid’s color run to start after conclusion of main 5k race.

HOW TO REGISTER

1. Online registration available at www.ClinicforSpecialChildren.org/events/5k or on Pretzel City Sports at <https://bit.ly/3vTsjaj>
Online registration has a nominal service fee & closes at midnight, Wednesday, Sept. 15
2. Mail registration form & payment to: Clinic for Special Children, Attn: 5k Registration, PO Box 128, Strasburg, PA 17579. If paying via check, make payable to: Clinic for Special Children.
3. Register in-person on race day. Race day registration will be open at 7:45 a.m. and close promptly at 8:45 a.m.

5k AWARDS | Medals will be awarded to the 1st overall male and female finishers. Awards will be given to the top three male and female finishers in the following categories: 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+.

QUESTIONS | Contact us at queries@clinicforspecialchildren.org, call 717-687-9407, or visit www.ClinicforSpecialChildren.org/events/5k

Event will be held rain or shine. No refunds, mailed awards or t-shirts. Results posted on PretzelCitySports.com & photos posted Mon., Sept. 20 on ClinicforSpecialChildren.org.
COVID-19 Statement: We will be compliant with current regulations. Visit www.ClinicforSpecialChildren.org/events/5k for updates.

Registering for (circle one): **5k Race** **Kid’s Color Fun Run** Please fill out one registration form for each registrant

Name: _____ **Phone:** _____

Address: _____ **E-mail:** _____

City/State: _____ **Zip:** _____ **Gender (circle one):** Male Female

Emergency Contact:

Birth Date: / / **Age on Race Day:** _____ **Name:** _____ **Phone:** _____

5k Race T-Shirt Size (circle one on the right) | Adult sizes, while supplies last **S** **M** **L** **XL** **2XL**

Kid’s Color Run White T-Shirt Size (circle one on the right) | *Only if registering for kid’s run* **YS** **YM** **YL**

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 foregoing has been read by the undersigned and voluntarily been signed.

Signature: _____ **Date:** _____
FOR RACE STAFF ONLY: **BIB#:** _____ **PAYMENT:** CASH CC CHECK (#) _____)