



Clinic for Special Children®

8th ANNUAL 5K REGISTRATION FORM

MAY 16, 2026 | 9:00 A.M. | LEOLA, PA

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

Presented by:  **NEMOURS**
CHILDREN'S HEALTH

Runners, joggers, and walkers – join us for the Clinic for Special Children 5k, a chip-timed, 3.1-mile race along rolling scenic roads through Lancaster County farmland. The course winds past Amish schoolhouses and acres of picturesque farms. **New this year:** a 1.5-mile family walk option for participants looking for a shorter course. **Strollers & mobility devices are welcome!**

LOCATION | Leola Produce Auction (135 Brethren Church Road, Leola, PA 17540). Parking will be on-site at the Leola Produce Auction. Please enter Brethren Church Road from Route 23/East Main Street.

NEW! 1.5-MILE FAMILY WALK | We're adding a 1.5-mile family walk option! The walk will take place at the same time as the 5k (9 AM start), and all ages are welcome to participate. Register by 4/21 for a race shirt, while supplies last after 4/21.

TIMES | 7:30 a.m. – race day registration opens for the 5k, family walk, and kid's color fun run. 8:45 a.m. – race day registration closes for all events. 9:00 a.m. – 5k race & family walk start. 9:45 AM – awards ceremony starts. 10:15 AM – Kid's color fun run starts.

PACKET PICK-UP | You can pick up your bib and shirt (if applicable) on race day from 7:30 a.m. to 8:45 a.m. at the Leola Produce Auction (135 Brethren Church Road, Leola, PA 17540).

ENTRY FEES

5K (9 AM Start)

\$35 | by April 21st, includes t-shirt (entry & payment by April 21st).

\$40 | after April 21st t-shirt while supplies last.

New

FAMILY WALK (9 AM Start)

\$25 | 13+ years old

\$15 | 4-12 years old

\$5 | 3 years old & under

KID'S COLOR FUN RUN (10:15 AM Start)

FREE | 10 years old & under

Registration still required

REGISTRATION OPTIONS

- **Online:** register at www.ClinicforSpecialChildren.org/events/5k.
- **Mail:** send registration form & payment to: Clinic for Special Children, Attn: 5k Registration, PO Box 500, Intercourse, PA 17534. If paying via check, make payable to: Clinic for Special Children.
- **In-person on race day:** race day registration will be open at 7:30 a.m. and close at 8:45 a.m. at the Leola Produce Auction.

FUNDRAISING TEAMS | Create or join a fundraising team! Visit www.ClinicforSpecialChildren.org/5k and click 'Become a Fundraiser' to learn more. The top fundraising team or individual will receive a special award at the race.

5k AWARDS | Prizes will be awarded to the 1st overall male and female finishers in the following categories: 14 & under, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-69, 70+.

RESULTS & INFO | Results & photos are to be posted on www.ClinicforSpecialChildren.org/events/5k. If you have questions, contact us at queries@clinicforspecialchildren.org, call 717-687-9407, or visit www.ClinicforSpecialChildren.org/events/5k.

Race service reserves the right to cancel the race if conditions are deemed unsafe. If canceled, we will consider your registration fee a donation. No refunds, mailed awards, or t-shirts. Events are subject to change due to severe weather conditions, restrictions, or unforeseen circumstances. Visit www.ClinicforSpecialChildren.org/events/5k for updates.

Registering for (circle option(s)): **5k** / **Family Walk** / **Kid's Color Fun Run**

Please fill out one registration form for each registrant. If registrant is younger than 18, a parent or guardian must sign for "signature".

Name: _____

Phone: _____

Address: _____

E-mail: _____

City/State: _____ Zip: _____

Gender (circle): Male Female

Emergency Contact: _____

Birth Date: ____/____/____ Age on Race Day: _____

Name: _____ Phone: _____

T-Shirt Size (circle one below) | For 5k/family walk, race t-shirts while supplies last after 4/21. Kid's color run includes a white shirt.

YS YM YL YXL S M L XL 2XL

Parent/Guardian Name (only if registering child): _____

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 signed.

Signature: _____ Date: _____