



Love of Life 5K Run/Walk

Indiana, PA

Saturday, October 15th, 2011 9 AM

F.E. Helwig Honorary Race Director



To honor survivors, support those in the fight & remember loved ones who have passed before

Fighting Breast Cancer with Every Step!

Sponsored by the Indiana Healthcare Foundation & Friends

M. Dorcas Clark, MD

Proceeds benefit:

Women's Imaging Center

at Indiana Regional Medical Center

The route is a beautiful loop (true 3.1 mile), starting at 8th & Philadelphia Streets, heading south to the Indiana Regional Medical Center via the IUP Campus & Mack Park. It returns through Mack Park, town & IUP to the finish line. The course is mostly flat with gentle inclines & two moderate hills. Race is a moderate run & will be clearly marked at 1, 2, & 3 miles. Water stations will be at the 7th street entrance & exit to Mack Park. Find route details at: www.mapmyrun.com

Registration begins at 7:30 a.m.

Pre-registered participants check in at race start area:(8th St. & Philadelphia).

Day of race participants check in at:

The Gingerbread Man Running Company (714 Philadelphia St.).

★ Race is Chip timed. Official race results will be posted with-in 24 hours on: www.active.com & www.indianaroadrunners.com

Questions: Millie Glinsky: 724-388-5151, e-mail: mglinsky@indianarmc.org.

Tech T-shirts (unisex) are **guaranteed** to all pre-registered by 9/25/11.

Awards will be presented immediately following the event.

Runner Award Categories (top 3 each category, no duplicates): Overall M/F, Youth (14 & under), M/F 15-19,20-24,25-29,30-34,35-39,40-44,45-49,50-54,55-59,60-65, >65

Overall M/F race winners will receive running jackets!

Registration Form: Love of Life 5K Run/Walk

Return form & check made payable to: Indiana Healthcare Foundation, LOL

Indiana Healthcare Foundation, 835 Hospital Road, Indiana, PA 15701

\$20.00 Early Registration fee until 10/08/11 \$22.00 Full Registration fee on Race Day

Name _____ Age on Race Day _____ M _____ F _____

Circle one: RUN WALK E-mail address: _____

T-Shirt size (unisex): Circle one: S M L XL XXL

Address _____ City _____ State _____ Zip _____

Emergency Contact: Name _____ Phone _____

Waiver:

I understand & agree that participating in this event is potentially hazardous, & that I should not enter & participate unless I am medically able & properly trained. In consideration of the acceptance of this entry, I assume full & complete responsibility for any injury that may occur while I am traveling to or from the event, during the event or while I am on the premises of the event. I am also aware of & assume all risks associated with participating in this event including, but not limited to falls, contact with other participants, effect of weather, traffic, & conditions of the race route. I, for myself & my heirs & my executors, hereby waive & indemnify, release forever discharge & hold harmless Indiana Healthcare Foundation & its affiliates, officers, directors, & employees as well as the event organizers, sponsors, promoters, Active.com & each of their respective agents, representatives, successors & all other persons associated with the event, from any & all liabilities, claims, actions, or damages that may arise in connection with or are related to my participation in this event whether caused by negligence, action or inaction of any of the above parties, or otherwise. Participant has read the foregoing & intentionally & voluntarily signs this Waiver & Release of Liability Agreement. If Participant is under 18 years, signature of parent or guardian required.

Signature: _____ Printed Name: _____ Date: _____