



Bob Bard 5K

Help us honor Bob's life, and make a difference in the fight against brain tumors.



100% of the race proceeds go to the National Brain Tumor Society
www.braintumor.org

GET INVOLVED:

There are a variety of ways to get involved with the Bob Bard 5K.

- ❖ Run or walk on race day
- ❖ Make a personal donation
- ❖ Become a Corporate Sponsor

Please contact the Race Director, Adrienne Wilk at 717-413-8445 or awilk613@gmail.com for Corporate Sponsorship information.

June 16th, 2012 Memorial Park

299 Park Avenue Quarryville, PA 17566

RAIN OR SHINE

SCHEDULE:

- ❖ 7:30 am - 8:45 am Race day Registration & Packet Pickup
- ❖ 9 am 5K Race
- ❖ Kid's Fun Run will follow 5K

AWARDS:

- ❖ Overall male & female awards
- ❖ 1st, 2nd, & 3rd place awards for all male & female age groups
- ❖ Kid's Fun Run participants will all receive ribbons

Early packet pickup will be held 6/15 from 6pm – 8pm at 119 W. State St., Quarryville, PA 17566

To register for the race or to make a personal donation, please go to:
www.braintumorcommunity.org/bobbard5k

OR

Fill out, sign, & return entry form & check payable to 'Bob Bard 5K' to:
Bob Bard 5K, Attn: Brenda Bard, 119 W. State St., Quarryville, PA 17566

CUT HERE

Name: _____
 Age: (on race day) _____
 Birth date: _____
 Sex: (Circle One) Male Female
 Address: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____
 Email: _____
 Emer. Contact: _____
 Emer. Contact #: _____

ENTRY FEE:

Postmarked by 5/26/12
Adult = \$25 Child (9 & younger) = \$10

Postmarked after 5/26/12
Adult = \$30 Child (9 & younger) = \$15



T-Shirt Size: (Circle One)

YXS YS YM YL
 XS S M L XL
 XXL XXXL XXXXL

T-shirts guaranteed to all participants registered prior to 5/26. T-shirts available while supplies last after 5/27 & on race day

Your Connection to Brain Tumors: (Circle One)

Patient/Survivor Family
 Health Professional Friend
 No affiliation Caregiver

By submitting this Entry Form, I represent that I have read, understand, & agree to the following terms of my participation in the Bob Bard 5K: 1. I assume the potential risks in participating in the Bob Bard 5K including, but not limited to, falling, contact with other participants, traffic conditions on & around the race course, the condition of the race course, & the impact of weather (including high heat & humidity). 2. I am medically able to participate & will abide by any decision of any race official, before or during the event, relative to my ability to safely participate. I agree that my failure to honestly represent my ability to participate in the Bob Bard 5K or to accept the conditions of participation as stated above, may result in my disqualification from participation. 3. In order to maintain my safety & those of other participants & individuals involved with the Bob Bard 5K, I must & shall participate in the event alone, unassisted, & without the aid of any person, animal, or device, including, but not limited to, skates, skateboards, skis, & cycles. 4. My entry fee is non-refundable & my participation in the Bob Bard 5K. 5. I hereby grant permission for my name, photo, video, likeness, &/or voice to be used by the Bob Bard 5K &/or any of its sponsors for any legitimate purpose. Having read & agreed to the conditions of participation as contained within this Entry Form, & knowing the truthfulness of the information that I have disclosed on this form, in consideration of the acceptance of this application, I, for myself & anyone entitled to act on my behalf, waive & release the owners, organizers, managers, directors, & staff of the Bob Bard 5K, RRCA, Quarryville Borough, E. Drumore Twp, Quarryville Fire Co., Quarryville Police Dept., & every sponsor, & any & all contractors &/or volunteers of the event, from any claims or liabilities of any kind arising in connection with my participation in the event, even though such liability may arise out of negligence or carelessness of any such party.

Signature _____

Must be signed by parent/guardian if participant is under 18