

Signature ____

COBCARES 5K

Sunday September 25, 2016 At DeSales University, Center Valley, PA

Runners start at 8:30 am Walkers and rollers start at 8:45 am - 1 mile SPONSORED BY DESALES ALPHA PHI OMEGA

LOCATION/REGISTRATION: The McShea Student Center, 2755 Station Ave. Center Valley, PA 18034 beginning at 7 am. Look for signage and volunteers.

COURSE: Enjoy the 5K run or mile walk on rolling macadam through the beautiful DeSales campus!

AMENITIES: T-Shirts to all who pre-register before September 11, 2016. Refreshments at finish line, indoor restroom facilities, parking and time clock at finish. Held rain or shine. Results will be posted to www.pretzelcitysports.com in 1-2 days.

AWARDS: Awards will be given to top two male and female finishers in each age group. Age groups include 13 and under, 14-19, 20-29, 30-39, 40-49, 50-59, 60+

REGISTRATION AND FEE: Entry fee is \$10 for kids (13 and under) Early registration fee for all others is \$25 for entries received on or before September 11, 2016. Registration fee is \$30 for all entries received after September 11, 2016, including race day. Online registration is available at www.pretzelcitysports.com (nominal processing fee applies)

WEBSITE: www.cobcares.org for more info on our charity and 5K registration.

PLEASE MAIL CHECK PAYABLE TO: COBCARES 5K & mail form below to: St. John's UCC ATTN: COBCARES 5K 538 E. Thomas Street Coopersburg, PA 18036

Contact Nancy at nancy.carr813@gmail.com or 484-201-3405 for more information or questions

Last Name ______ First Name _____

Date / / 2016

Address			
City	State	Race day age	Date of birth
Distance (circle one): 5K 1 mile walk/r	oll Sex: M	F Phone	
Shirt size (circle one) S M L XL XXL	email		
WAIVER: I know that running a road race is a potentially hazard there will be traffic on the course and assume the risk for running	•		, I I ,
limited to falls, contact with other participants, the effects of the w		•	
facts, and in consideration of your accepting my entry fee, I hereb		· ·	
to sue, and waive, release and discharge Pretzel City Sports, COB		,	,
race committee, volunteers, any and all sponsors including their a	gents, employees, assig	ns or anyone acting for on the	ir behalf, or anyone else associated in any way with the
race, from any or all claims or liability for death, personal injury	or property damage of	any kind of nature what so ev	er arising out of, or in the course of, my participation in
this event(s). This waiver extends to all claims of every kind or nat	ure what so ever, fore	seen or unforeseen, known or u	ınknown. By entering this race, I am granting permission
to Pretzel City Sports and COBCARES to use any pictures or like	nesses of me secured a	t the event in any way they see	e fit without review, restriction or compensation. I HAVE
READ AND UNDERSTAND THIS WAIVER: (if under 18, legal g	uardian must sign)		