

ELVERSON, PA Saturday, April 12, 2025 8:30AM 5K

WHO: Runners of all ages. Gather your family, friends and coworkers. Walkers are also invited to participate using the same course. The course is a combination of field and asphalt.

WHAT: The Historic Potts Mansion 5K is a fund raiser for the St Mary of Providence Center.

WHERE: St. Mary of Providence Center, at the Historic Potts Mansion, Elverson, PA. The course will begin behind the mansions and circle around the beautiful grounds. Making 3 loops gives you the advantage of seeing spring bloom in Chester County from vistas only available from this property.

WHEN: Saturday, April 12th, 2025 7:30 a.m. – Registration begins 8:30 a.m.– 5K Run / Walk begins Awards Presentation immediately following 5k

DIRECTIONS:

- The Historic Potts Mansion is located at:
- 227 Isabella Rd, Elverson, PA 19520
- Registration will be located Behind the mansion near the starting line

QUESTIONS: Call Suzanne Blades, 508.455.8858 or email mansion5k@stmaryprov.org

HOW: Complete the form below and submit appropriate amount. Check/Money order payable to St. Mary of Providence Center.

5k Entry Fee: \$35 if registered by March 19th to receive a Historic Potts Mansion 5K T-shirt. \$40 after that date including race day T-shirts available while supplies last. Size requests will be honored to the best of our ability, but size may be substituted.

Optional Online Registration Available at <u>https://www.pretzelcitysports.com/online-registration/</u> (Nominal service fee applies, closes midnight, Wed. of race week)

5k AWARDS: Medals presented to top three (3) Male and three (3) Female finishers in each of the following age brackets: Under 15 years old, 15-19 years, 20-29 years, 30-39 years, 40-49 years, 50-59 years, 60-69, years, 70+ years.

RESULTS: Finish line and timing service by Pretzel City Sports. Race Results posted on www.pretzelcitysports.com

REGISTRATION: Historic Potts Mansion 5K Complete this portion. Detach and mail. Include \$35 registration fee by March 19th. Checks payable to St. Mary of Providence Center.

| Name | | | | _Address | | |
|--|-------------------|-------------------------------|---------|----------|-------------------|-------------|
| | Please pri | | | | | [] |
| City | | | State | Zip | Age (on Race Day) | Adult SMLXL |
| Gender: | Male Female | Event (circle one): 5k RUNNER | 5k WALF | KER | | |
| Phone _ | ne E-mail address | | | | | |
| WAIVER/RELEASE: I hereby waive all claims against the race director, race officials and volunteers, any and all sponsors including, but not limited to St Mary of Providence Center, | | | | | | |

<u>WAIVER/RELEASE</u>: I hereby wave all claums against the race director, race officials and volunteers, any and all sponsors including, but not limited to St Mary of Providence Center, the Township of West Nantmeal, those in their employ, the County of Chester, and all their representatives and successors from any injury or liability I might suffer in this event. I attest that I am physically fit and prepared for this event. I assume all risks associated with running in this event including, but not limited to: falls; contact with other participants; the effects of the weather, including high heat and/or humidity; and the condition of the trail; all such risks being known and appreciated by me. I grant full permission for organizers to use my name and or pictures in legitimate accounts and promotions of this event.

Signature X______ Date _____ (Parent or guardian's signature if less than 18 years of age.)
Please make checks payable to St. Mary of Providence Center. Mail To: 227 Isabella Rd., Elverson PA 19520