



5K Run/Walk 12.03.11

***Manheim Township High School
Cross-Country Course
5134 School Road
Neffsville, PA 17606***

- ***Individual and Team Divisions***
- ***Free T-Shirts***
- ***Awards and Prizes***
- ***Free goodie bag for each runner/walker!!***

Presented by:

**Lancaster Regional
Medical Center**



**Heart of Lancaster
Regional Medical Center**

**Youth One Mile
Fun Run!**

Race Information



Where: Manheim Township High School
Cross-Country Course
5134 School Road, Neffsville, PA 17606

Race Start Time: 5K Race at 10:00 am
Youth One Mile Fun Run at 11:00 am
Awards presentation at 11:15 am

When: On-Site Registration on Race Day is from
8:30 - 9:30 a.m., Manheim Twp. H.S.

Entry Fees:

Early Registration: (Postmarked by Nov. 19)

- \$20/person for individual entries
- \$55/team (3-person team)
- \$10 entry fee for youth one mile fun run
- Includes free T-Shirt

Late Registration: (Nov. 20 thru Race-day)

- \$25/person for individual entries
- \$70/team (3-person team)
- \$15 entry fee for youth one mile fun run
- T-Shirts will be distributed on a first come first served basis on race day for everyone who did not pre-register.

Checks Payable to:

Lancaster County Cross-Country 5k

Complete and Mail with entry fee to:

Lancaster County Cross-Country 5k
P.O. Box 10911
Lancaster, PA 17605

For more information & directions please visit:
www.lancastercountyc5k.com

Registration Form

Every participant, and/or their parent or guardian if participant is under age 18, must read this waiver form and sign in the appropriate space below. Signatures on the registration form signify each person has read, understands, and abides by this information. Please check your division and fill in the appropriate information and sign.

Individual Division

- | | |
|---|--|
| <input type="radio"/> Boys – 14 and under | <input type="radio"/> Girls – 14 and under |
| <input type="radio"/> Boys – 15 - 19 | <input type="radio"/> Girls – 15 - 19 |
| <input type="radio"/> Men – 20 - 29 | <input type="radio"/> Women – 20 - 29 |
| <input type="radio"/> Men – 30 - 39 | <input type="radio"/> Women – 30 - 39 |
| <input type="radio"/> Men – 40 - 49 | <input type="radio"/> Women – 40 - 49 |
| <input type="radio"/> Men – 50 - 59 | <input type="radio"/> Women – 50 - 59 |
| <input type="radio"/> Men – 60 - + | <input type="radio"/> Women – 60 - + |

Walker Division

- | | |
|---------------------------|-----------------------------|
| <input type="radio"/> Men | <input type="radio"/> Women |
|---------------------------|-----------------------------|

Fun Run Division

- | | |
|---|--|
| <input type="radio"/> Boys – 12 and under | <input type="radio"/> Girls – 12 and under |
|---|--|

Team Runner Division: (3 runners)

- | | |
|---|--|
| <input type="radio"/> Boys – 14 and under | <input type="radio"/> Girls – 14 and under |
| <input type="radio"/> Boys – 15 - 19 | <input type="radio"/> Girls – 15 - 19 |
| <input type="radio"/> Men – Open | <input type="radio"/> Women – Open |
| <input type="radio"/> Co-Ed – Open | |

Individual

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____
Phone Number: _____
Emergency Phone No.: _____
Age: _____ Sex: _____
MTHS Alumni: ____ Yes ____ No
Participant's Signature: _____
If under 18, Parent/Guardian Signature: _____

T-Shirt Size Small Medium Large X Large

Liability Waiver and Photo/Video Release

With my signature above, I agree to indemnify and hold harmless Lancaster County Cross-Country 5k Assoc. and the Manheim Township School District including employees, volunteers and all other persons against loss or expense, including attorney's fees by the reason of bodily injury, property damage or personal injury arising out of the negligent or intentional conduct of myself or my family members involved in the 5k run. Furthermore, I give permission for myself (or my child if under 18) to participate in any photographs or video taken for publicity purposes. I understand participation is entirely voluntary and will involve moderate to heavy physical activity. I also understand that there are risks of accidents from participation that can result in injury. I am not affected by a physical condition or disability that would prohibit me from safely participating in this activity.

Team Name: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____
Phone Number: _____
Emergency Phone No.: _____
Age: _____ Sex: _____
MTHS Alumni: ____ Yes ____ No
Participant's Signature: _____
If under 18, Parent/Guardian Signature: _____

T-Shirt Size Small Medium Large X Large

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____
Phone Number: _____
Emergency Phone No.: _____
Age: _____ Sex: _____
MTHS Alumni: ____ Yes ____ No
Participant's Signature: _____
If under 18, Parent/Guardian Signature: _____

T-Shirt Size Small Medium Large X Large

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
E-mail: _____
Phone Number: _____
Emergency Phone No.: _____
Age: _____ Sex: _____
MTHS Alumni: ____ Yes ____ No
Participant's Signature: _____
If under 18, Parent/Guardian Signature: _____

T-Shirt Size Small Medium Large X Large



Awards & Prizes:

- ***Prizes/Awards will be given to the top finishers in each individual division!!***
- ***Prizes/Awards will be given to the top team in each division!!***

Proceeds to Benefit:

***Lancaster County
Cross-Country 5k Association***

***For more information
and to register online visit:
www.lancastercountyc5k.com***

Start/Finish Sponsors:

ii.HIGH

***JOHN H.
ROBERTSON
D.D.S.***



Course Sponsors:



Lancaster Otolaryngology



Kenneth E. Brown, P.C.



www.lancastercountyc5k.com