

PHYSICAL THERAPY SPECIALISTS AND THE LAKE HAUTO CLUB
PRESENT THE ANNUAL



“5K AROUND THE LAKE”

5K RUN/WALK

Saturday, May 15, 2010

9:30 AM

PROCEEDS BENEFIT THE AMERICAN CANCER SOCIETY

COURSE: Mostly shade-covered with moderate hills; short section over improved trail. Start and finish at Crescent Beach.

ENTRY FEE:

Pre-registration: \$20.00 regular (\$17.00 for Lake Hauto Club Members) – Free commemorative t-shirts to the first 75 entrants before April 30, 2010

Post-registration: \$22.00 regular (\$19.00 for Lake Hauto Club Members) – Includes limited number of t-shirts for entrants after April 30, 2010

Race Registration: Registration & check-in begins at 8 AM on May 15 at Crescent Beach, Lake Hauto. All entrants must be checked in by 9:15 AM. **Race will be held rain or shine.**

AWARDS: Top overall male and female runners and walkers will receive plaques. 2nd and 3rd place overall male and female runners and walkers will receive medals.

5K-Run Male (Medals) 14 and under (2), 15-19 (2), 20-29, (2), 30-39 (2), 40-49 (2), 50-59 (2), 60 and over (2)

5K-Run Female (Medals) 14 and under (2), 15-19 (2), 20-29 (2), 30-39 (2), 40-49 (2), 50-59(2), 60 and over (2)

REGISTRATION FEE PAYMENT: Make checks or money orders payable to **PHYSICAL THERAPY SPECIALISTS**, as all funds will be donated to the ACS together. Please send entry form and payment to: Physical Therapy Specialists, c/o Linda Vecolitis 219 Claremont Ave, Tamaqua, PA 18252. If you have any questions, or for directions, you can contact race director Linda Vecolitis at 570-645-2076 or lsully14@ptd.net

2010 ENTRY FORM (Please print or type)

NAME: _____ AGE: _____ SEX: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

T-SHIRT SIZE: (circle one) Adult: S M L XL **Circle One:** RUN WALK

LAKE HAUTO CLUB MEMBERS: Y or N Membership #: _____

WAIVER (ALL ENTRANTS MUST SIGN)

I know that participating in a road race/walk is a potentially hazardous activity. I should not enter and participate unless I am medically capable and properly trained. I agree to participate according to my ability to safely complete the course. I assume all risks associated with running or walking in this event including, but not limited to falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release Physical Therapy Specialists, Inc. and The Lake Hauto Club and its employees, and all sponsors, their representatives, and successors, race volunteers, and race directors, from all claims of liability of any kind arising from my participation in this event.

SIGNATURE OF ENTRANT: _____ DATE: _____

SIGNATURE OF PARENT IF UNDER 18: _____

