

PENN STATE OPERATION SMILE PRESENTS:

“MILES FOR SMILES”

5K RUN/WALK

Saturday, November 5<sup>th</sup>, 2011 8:30 AM

**PROCEEDS BENEFIT OPERATION SMILE**

**About our Cause:** Operation Smile is a non-profit organization of physicians, nurses, and other healthcare providers who provide free surgeries to children around the world who are born with cleft lips, cleft palates, and other facial deformities. Just \$240 can sponsor one child's operation and transform his or her life forever!

**COURSE:** Race will be held at Penn State College of Medicine, 500 University Drive, Hershey, PA. Paved, mostly flat course around the campus. Start & finish at the University Fitness Center.

**RACE REGISTRATION:** Registration & check-in begins at 7:30 AM at the University Fitness Center. All entrants must be checked in by 8:15 AM. Race will be held rain or shine.

**ENTRY FEE:**

- \_\_\_\_\_ Pre-registration: \$20.00 before November 5<sup>th</sup> – Includes free commemorative t-shirts to all entrants before October 21st, 2011
- \_\_\_\_\_ Race day registration: \$25.00
- \_\_\_\_\_ Penn State Hershey Student Registration (all medical, graduate, and nursing students): \$15.00

**ADDITIONAL DONATIONS:** I would like to donate an additional (please circle): \$10      \$15      \$20      Other: \_\_\_\_\_

**AWARDS:** Top overall male and female runners and walkers will receive plaques.

First, second, and third-place male and female runners in each of the following age categories will receive medals:  
14 and under    15-19    20-29    30-39    40-49    50-59    60 and over

**REGISTRATION FEE PAYMENT:** Make checks or money orders payable to *Penn State Operation Smile*, and mail to:

Penn State University  
M.S. Hershey Medical Center  
P.O. Box 850  
Student Box 119  
Hershey, PA 17033-0850

Questions? Contact race directors: Julie Shelkey at [jshelkey@hmc.psu.edu](mailto:jshelkey@hmc.psu.edu) or 413-627-9697  
Mehmet Uluer at [muluer@hmc.psu.edu](mailto:muluer@hmc.psu.edu) or 857-891-3332

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**2011 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

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**Waiver of Responsibility (ALL ENTRANTS MUST SIGN):** I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the race. I assume all risk associated with running this event, including, but not limited to, contact with other participants, effects of the weather, including high heat and/or humidity, traffic, and the condition of the road or other racing surfaces, 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 the organizers and any sponsors of Miles for Smiles, including: Penn State Hershey Medical Center, Penn State College of Medicine, Penn State Operation Smile, and all race sponsors and vendors from all claims or liabilities of any kind arising out of participation in the event, even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

SIGNATURE OF ENTRANT (parent/guardian if under 18): \_\_\_\_\_ DATE: \_\_\_\_\_