

# 5K Run/Walk For A Cure

All proceeds will benefit:  
The National Niemann-Pick  
Disease Foundation  
and the Ara Parseghian Medical  
Research Foundation

Date: April 25, 2009

Time: 10:00 AM

Registration and Music: 9:00—10:00

**Entry fees:**

- \$20.00 for adult and \$15.00 for child 14 and under
- Payable to The Race for Adam Foundation
- Other donations will gladly be accepted.
- T-shirt guaranteed if entered by March 25th
- Limited to only 425 Runners
- Pre-race day pick-up on April 24<sup>th</sup> at Salisbury Middle School Cafeteria from 3-6PM

**Age Groups:** 14 & under, 15-19, 20 -29, 30 - 39, 40 - 49, 50 - 59, and 60+

**Online Registration:**

[www.RaceForAdam.org](http://www.RaceForAdam.org)

LOCATION—The race will be conducted at Lehigh Parkway in Allentown. This 5K run/walk is fast with short hills. Course is very scenic. Road is not closed to traffic. Please abide by course marshals.

For more information call or email:

Matt Tobias—(610)390-5602

[info@raceforadam.org](mailto:info@raceforadam.org)



## Event Highlights

- T-shirts for all participants registered by March 25<sup>th</sup>.
- 5K Competitive Run
- Overall 1st male/female runner trophies and medals for 1st, 2nd, 3rd place for all age groups
- 5K Fun Walk
- Basket Raffle
- Live Music by Scott Marshall
- Free food and beverages
- Children's entertainment
- Plus Much More . . .

## The Race for Adam Foundation

The Race for Adam Foundation is a nonprofit organization whose main goal is to raise awareness and money to find a cure for Niemann-Pick Disease.

Mail form and entry fee to:

The Race for Adam Foundation  
2020 Harold Avenue  
Allentown, PA 18104  
Phone: 610-390-5602  
Email: [info@raceforadam.org](mailto:info@raceforadam.org)

Other Donation: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Tshirt Size: YL S M L XL XXL

Sex \_\_\_\_\_ Age on race day \_\_\_\_\_

Circle One:  Running  Walking

**Waiver:** I know that running a road race is a potentially hazardous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decisions of a race official relative to my ability to safely complete the run/walk. I assume all risks associated with running/walking in this event including, but not limited to, contact with other participants, falls, the effects of the weather, including high heat and humidity, traffic and the conditions of the course, roads and trails and 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, my child and anyone entitled to act on our behalf, waive and release the right to sue the Race For Adam Foundation, NNPDF, APMRF and any other sponsors, their representatives and successors, volunteers from all claims or liabilities of any kind arising out of my participation or my child's participation in this event. In addition, neither my child nor I will wear headphones in this event.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of parent or guardian if under 18 years of age. \_\_\_\_\_

Date \_\_\_\_\_