

BRANDY SPRINGS PARK'S
OLD FASHIONED 5K



PRESENTED
BY: **iXL** Rehab,
Fitness & Wellness
Center

Old Fashioned 5K

Date: Friday, July 13th, 2018

Location: 301 Lamor Rd. Mercer, PA 16137

Time: Registration begins at 6:30 p.m.

Race starts at 7:30 p.m.

Registration: Please sign in at the registration table the evening of the race to receive packet. Registration table will be located at the Mercer Elementary School. Race day registration is available (shirt is not guaranteed).

Entry Fee: \$20 per person (t-shirt guaranteed for all pre-registered participants)
Make checks payable to: Mercer Area Chamber of Commerce

Register online at www.smileymiles.com

Race will begin at Mercer Elementary School and will end at Brandy Springs Park. Free shuttle will be provided to get back from the finish line. Award ceremony will be held after the 5K. Timing will be provided by Miles of Smiles. For more information go to www.ixlcenter.com, call 724-662-1776, email msnyder@ixlcenter.com or visit iXL Rehab & Fitness/Mercer Area Chamber of Commerce Facebook pages.

All proceeds will benefit Mercer Brandy Springs Park

Name: _____ **Gender:** M or F **Age:** _____

Address: _____

City/State/Zip: _____

Phone: _____ **Email:** _____

Adult T-shirt size (Circle Size): **Small** **Medium** **Large** **X-Large** **XX-Large**

Emergency Contact Name: _____ **Phone Number:** _____

In consideration of you accepting this entry and granting the right to participate in this event, I, hereby agree for myself, my heirs, my executors and administrators to waive and release any and all right and claims for damages or injuries that I may have against the race, and all of their agents assisting with the event, sponsors and their representatives, volunteers and employees for any and all injuries to me or my personal property. I certify that I am physically qualified to participate in this event. Furthermore, I hereby grant full permission to use my name and photographs and any record of this event in which I may appear for any legitimate purpose, including advertising and promotion.

Signature: _____ **Date:** _____

(Parent/Guardian must sign if participant is under 18 years of age)

No refunds will be issued for any reason.

For official use only BIB# _____
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Mail Registration to: iXL Rehab & Fitness Center | 139 North Erie St | Mercer, PA 16137