



**Brush Creek Road to Trail  
5K and Optional 4 Mile Trail Run  
Sunday, November 29, 2020  
9:00 a.m.**

**Donations for this race will benefit Brush Creek Park**

**Location: Brush Creek Park**

This address will get you to the driveway of the park:  
599 Glendale Road  
Beaver Falls, PA 15010

**Course:** 5K is an out and back course on the park road.

After the 5K there will be an optional 4 additional miles on the trail.  
(The 5K will be timed and the extra 4 mile trail run will be timed.)

**Race Director:** Herb Cratty (724-841-6528) or [bonnherb@yahoo.com](mailto:bonnherb@yahoo.com)

**Awards: Miles of Smiles Gloves will be given to all entrants**

**5K road race will receive Age Groups**

**Those who complete the optional 4 Mile trail run  
will receive a cool finisher medal.**

**Make Checks payable and send to:**

Miles of Smiles Timing Services  
511 Harpers Ferry Road  
Ellwood City, PA 16117

**Registration is also available at [RunSignup.com](http://RunSignup.com)**

Entry fee is per entrant. Please indicate which Race:

5K \_\_\_\_\_\$20.00      5K and 4 Mile Trail \_\_\_\_\_\$30.00

Gender:    Male    Female    Age \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I know that running is a potentially hazardous activity. I should not enter or run this event 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 run. I assume all risks associated with running in this race including, but not limited to, falls, contact with other participants, the effects of weather, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your acceptance of my application, I, for myself and anyone entitled to act on my behalf, waive and release this race and all organizers, sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event . I also release any photos that may involve myself. Participant Signature Parent or Guardian:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_