



Run to Breathe
Half Marathon and 5K
Sunday, April 21, 2024
Half Marathon @ 9:00 a.m.
5K Run / Walk @ 9:15 a.m.

Please help support this cause.
Proceeds from this event will help to support
Pennsylvania Cystic Fibrosis, Inc.
Visit their web @: <http://www.pacfi.org>

Location: **McDanel's Boat Launch, Pavilion #7**
McDanel's Road
Moraine State Park
Portersville, PA 16051

Course: **Out and back on the bike trail.**

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

Awards: Top Overall Individual Male and Female 5K Run
Top Overall Individual Male and Female Half Marathon
Finisher medals for Half Marathon

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

Entry fee is per entrant. Please indicate which Race:

Half Marathon _____\$35.00 5K _____\$20.00

(Race fee will be an additional \$5.00 per entrant on race day.)

SHIRT OR SOCKS FOR HALF MARATHON AND 5K (PLEASE CHOOSE ONE)

PLEASE INDICATE WHAT SIZE: SHIRT S M L XL OR RUNNING SOCKS M L

Gender: M F 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: ____/____/2024