

Brady's Run Happy



5K and 10K

Sunday, September 1, 2024

Free Kids Race at 8:50 a.m.

10K @ 9:00 a.m.

5K Run / 5K Walk @ 9:00 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: **Brady's Run, Pavilion #7**
526 Bradys Run Road
Brady's Run Park
Beaver Falls, PA 15010

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

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

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:

5K Run _____ \$25.00 5K Walk _____ \$25.00

10K _____ \$25.00 Kids Race _____

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

CHOOSE 1 ITEM, TEE SHIRT, SOCKS OR COFFEE MUG.

TEE SHIRT, please indicate which size: S M L XL

SMILEY SOCKS please indicate which size: S or L

COFFEE MUG

Name: _____ Gender: M F Age _____

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