



# 37<sup>th</sup> Annual Philadelphia Bar Association 5K Run/Walk Race Registration Form

**Sunday, May 15, 2016, 8:30 am  
Memorial Hall**

Online Registration Open until midnight EDT Friday, May 13, 2016: [www.runtheday.com](http://www.runtheday.com)

## **Registration Fees:**

### **5K Run Individual**

- \$35, if postmarked by May 5 or delivered in person May 12 - 13
- \$45, day-of registration

### **5K Walk Individual (*untimed*)**

- \$25
- Under age 10 no charge with parent (*but must complete separate registration form for each child*)

### **Buchanan Ingersoll & Rooney Kids Dash**

- Children ages 5-10 will love running in this FREE 200-yard non-competitive Dash
- Registration on day of Dash

**Please make checks payable to the Support Center for Child Advocates.**

### **Return application and entry fee by Friday, May 5, 2016 to:**

Support Center for Child Advocates  
Philadelphia Bar Association 5K Run/Walk  
1900 Cherry Street  
Philadelphia, PA 19103

### **In-person registration:**

- May 12 & 13– Caesar Rivise P.C. ,1635 Market Street, 12<sup>th</sup> Floor, Philadelphia, 9:00 am to 5:00 pm

**NO REFUNDS. THE OFFICIAL RUN/WALK DIRECTOR RESERVES THE RIGHT TO REJECT ANY ENTRY.**

Registration fees are tax-deductible as allowed by law. The official registration and financial information of **Support Center for Child Advocates** may be obtained from the Pennsylvania Department of State's Bureau of Charitable Organizations by calling toll-free within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

For more information visit [www.phillybarcharityrun.com](http://www.phillybarcharityrun.com).

**This is a USA Track & Field sanctioned event.**



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**One Form per Person (*please only check one*):**

- ☐ I am a Philadelphia Bar Association Member and am entering the Bar Association 5K Run Competition - \$35  
☐ 5K Run – Individual - \$35  
☐ 5K Walk – Individual - \$25  
☐ 5K Walk – Child Under 10 – FREE – *must be accompanied by an adult*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone (h): \_\_\_\_\_

Employer: \_\_\_\_\_ Phone (w): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on Race Day: \_\_\_\_\_ Gender: ☐ M ☐ F

***Please read carefully:*** In consideration of my acceptance of this entry, I hereby agree for myself, my heirs, my executors and administrators to waive any and all rights and claims for damages I may have against the event organizers, volunteers and officials, USATF, the event sponsors, coordinating groups and individuals associated with the event, their representatives, successors and assigns and will hold them harmless for any and all injuries I may suffer in connection with said event. Also, none of the above is responsible for the loss of personal items or any other form of aggravation in connection with said event. I have been warned that I must be in good health to participate in this event. I give permission for the free use of my name and picture in any broadcast, telecast, electronic or print media account of this event. I also hereby consent to permit emergency treatment in the event of injury or illness.

Signature (*Participants over age 18*): \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature (*entrants under 18*): \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:

Support Center for Child Advocates  
Attn: Cate Galbally  
1900 Cherry Street  
Philadelphia, PA 19103  
Email: [cgalbally@advokid.org](mailto:cgalbally@advokid.org)