

12th Annual 5K Run/1 Mile Walk

Event proceeds benefit:



Child Life at the Virtua Memorial Pediatric Pavilion



5K AWARDS

1st Place: \$100 prize
[Male & Female Runners]

5K MEDALS

1st, 2nd & 3rd Place
[Male & Female Runners in all age groups]

5K AGE GROUPS

Under 20	40 - 49
20 - 29	50 - 59
30 - 39	60 & over

1 MILE WALK

Untimed fun event will take place at the same time as the race.

Features: Custom T-Shirt, ample parking, wheel-measured course, water stations, restrooms, timing by L&M Computer Sports & Events Productions, Inc.

**Join us for our post race party
featuring:**

Music & Refreshments
for Racers / Walkers



EVENT DETAILS

May 22, 2013
Registration - 5:00 to 5:45 PM
Race - 6:00 PM
at
Cambridge Crossing
5000 Dearborn Circle
Mt. Laurel, NJ 08054

RAIN OR SHINE

ENTRY FEES

Pre-Registration by May 21st (Tues)
\$15 for both events

Race Day
\$20 for both events

Submit registration & entry fee to:
Liberty Property Trust
330 Fellowship Road, Suite 102
Mt. Laurel, NJ 08054
Attention: Heather Rosenthal

**All checks payable to:
Liberty Property Trust**

Early registration, race information and results, visit:

www.imsports.com

**On line registration closes 6pm May 21st
Tuesday**

Questions?

Heather Rosenthal - Liberty Property Trust
(856) 642-8300
hrosenthal@libertyproperty.com

Race proceeds to benefit:



Child Life at the Virtua Memorial Pediatric Pavilion

Proceeds from the 12th Annual Liberty Property Trust 5K will benefit the Child Life Program at the new Virtua Memorial Pediatric Pavilion opening this year. The new Pediatric Pavilion combines pediatric inpatient and emergency care in a state-of-the-art facility, designed specifically for children and families. CHOP physicians who specialize in pediatrics and pediatric emergency services will staff the unit around the clock. A child life specialist is a trained professional who works with pediatric patients, families, siblings and their clinicians to help ease their fears or anxiety while they are in the hospital. They do this by using various techniques to help families get through medical treatments or difficult life events using coping techniques or distraction items such as toys, crafts, games or music. Event proceeds will help provide the Child Life program with a tool kit, including items such as anatomically correct dolls with bandages and clothes, games, toys, crafts or coloring books.

About Liberty Property Trust

Liberty Property Trust (NYSE:LRV) is a leader in commercial real estate, serving customers in the United States and United Kingdom, through the development, acquisition, ownership and management of superior office and industrial properties. Liberty's 81 million square foot portfolio includes 680 properties which provide office, distribution and light manufacturing facilities to 1,800 tenants. For more information visit www.libertyproperty.com.



Cut along the dotted line

REGISTRATION FORM

Liberty Property Trust
12th Annual—5K Run / 1 Mile Walk

First Name

Last Name

Street Address

City, State, Zip

Walker / Runner

Male/Female

Age on Race Day

(____) ____ - ____ (____) ____ - ____
Home Phone Work Phone

Email: _____

T-Shirt Size (circle one): S M L XL XXL

I, _____ in consideration of permitting me to participate in Liberty Property Trust's 5K Run/1 Mile Walk (called the "Run"), and fully desiring to so participate, hereby agree to release Liberty Property Trust, Liberty Property Limited Partnership and, each of their successors assigns members, affiliates, agents, offer, and employees (collectively) called the "Sponsors") and the members, affiliates, agents, and officers of, and participants in the Run (collectively called the "Run participants") from any and all claims of any kind of nature, including damages for bodily injuries to me or to others, either direct or consequential, which might arise from my participation in any function sponsored by the "Sponsors", and/or "Run participants" including, but not limited to, the 5K Run/1 Mile Walk, or other sports activities. I understand that any person undertaking exercise programs should act on the advice of their physicians. I verify that I am physically fit and have sufficiently trained for the competition of this event. I grant full permission to use my name, voice, and/or picture in any account of this event.

Signature _____ Date _____
(Parent signature if under 18 years of age)