

# REGISTRATION FORM

**\$25 Adults / \$15 Youth** (14 & under)

Early registration discount & T-Shirt  
guaranteed until Oct. 1, 2018

**Adults add \$5 after Oct. 1, 2018**

**\$15 Adults or Child** (1-Mile untimed walk)

NAME: \_\_\_\_\_

TEAM NAME (optional): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\_\_\_\_\_ I AM A BREAST CANCER SURVIVOR

AGE ON RACE DAY: \_\_\_\_\_ GENDER: \_\_\_\_M \_\_\_\_F

I WILL BE: \_\_\_\_ RUNNING 5K \_\_\_\_ WALKING 5K

\_\_\_\_ WALKING 5K (untimed)

\_\_\_\_ WALKING 1 MILE (untimed)

SIZE: YOUTH \_\_\_\_S \_\_\_\_M \_\_\_\_L

ADULT \_\_\_\_S \_\_\_\_M \_\_\_\_L \_\_\_\_XL

WOMEN'S V-NECK \_\_\_\_S \_\_\_\_M \_\_\_\_L \_\_\_\_XL

\_\_\_\_\_ **NO T-SHIRT OPTION** (Please donate the t-shirt  
costs to the Love of Life Campaign.)

**Online registration available at [runsignup.com](http://runsignup.com)**

**Make Checks Payable to:**  
Indiana Healthcare Foundation, LOL

**To be guaranteed a T-shirt,  
please mail by October 1, 2018 to:**  
Indiana Healthcare Foundation  
835 Hospital Road, Indiana, PA 15701

**Same day registration available**

**Or Pay by Credit Card**

Type of card: \_\_\_\_\_

Name on card: \_\_\_\_\_

Number: \_\_\_\_\_

Expiration: \_\_\_\_/\_\_\_\_/\_\_\_\_

CVC Number: \_\_\_\_\_

## RACE INFORMATION

Starting at 8<sup>th</sup> St. and Philadelphia St., heading south to Indiana Regional Medical Center and Mack Park. Returning through Mack Park, the town and the fringe of IUP to the finish line. Race is a moderate run. Course is mostly flat with gentle inclines and two moderate hills. Route will be clearly marked with street arrows, signs, volunteers, and police. Water stations at the 7<sup>th</sup> St. loop entrance and exit to Mack Park.

### RACE PACKET PICKUP

Friday, October 19<sup>th</sup>

4 pm - 6 pm

Private Dining Room #2 on IRMC's lower level

*Please complete registration form  
and sign waver on reverse side.*



**INDIANA**  
REGIONAL MEDICAL CENTER  
HEALTHCARE FOUNDATION  
[www.indianarmc.org](http://www.indianarmc.org)

## LOVE OF LIFE

*Supporting breast cancer  
services in our community*



# 5K

## RUN/WALK

&

## 1 MILE FUN WALK

**SATURDAY,  
OCTOBER 20, 2018**

**9:00 AM**

## A RACE TO REMEMBER!

Every step to honor breast cancer survivors, to support those in the fight and to remember loved ones who have passed.

**INDIANA**  
REGIONAL MEDICAL CENTER  
HEALTHCARE FOUNDATION  
[www.indianarmc.org](http://www.indianarmc.org)

Proceeds to benefit the Women's Imaging Center  
at Indiana Regional Medical Center

# AND...

**Spirit Award** - given to the individual or group that demonstrates an overall unifying theme promoting breast cancer awareness in their race day attire.

**T-Shirt Award** - given to the individual or group with the most creative t-shirt design promoting breast cancer awareness.

**Largest Team Award** - given to the team with the most registered participants for the LOL 5k; in order to qualify each member must include the team name on his or her registration form prior to the start of the race; day of registrants are responsible for notifying the worker at registration about his or her team affiliation.

*Please see a LOL worker at registration pick up or on race day to sign up for consideration for the T-Shirt and/or Spirit Award. You can enter one or both.*

## Chip Timing (5K only)

Registration cutoff ends at 8:45am

## Tech T-Shirts

*\*\*T-Shirts guaranteed to all pre-registered by October 1, 2018*

## Free Metered Parking

7:30 am to noon

For more information, please contact the Love of Life team at:  
**loveoflife5k@gmail.com**  
or call (724) 357-8053.

# OUR MISSION:

The Love of Life Campaign is currently celebrating their 14th year in support of the Women's Imaging Center at Indiana Regional Medical Center (IRMC). Through the generous donations and fundraising from the Love of Life Campaign, the Women's Imaging Center has been able to update and now plans to upgrade technologies for patients, as well as provide support to Birdie's Closet. The Love of Life proceeds have provided digital mammography and imaging to IRMC and all of IRMC's satellite locations. IRMC is also proud to offer Tomosynthesis (3D Mammography) at IRMC's main campus and will be adding 3D Mammography to additional locations! Without the generous support from the community, none of these technologies or care items provided by Birdie's closet would be available to the community.

## AWARDS

### 1 Overall Male & Female Winner

Receive **FREE** registration  
for 2019 LOL 5K (5K only)

<b>8 &amp; under</b>	<b>25 - 29</b>	<b>50 - 54</b>
<b>9 - 11</b>	<b>30 - 34</b>	<b>55 - 59</b>
<b>12 - 14</b>	<b>35 - 39</b>	<b>60 - 64</b>
<b>15 - 19</b>	<b>40 - 44</b>	<b>65 +</b>
<b>20 - 24</b>	<b>45 - 49</b>	

**Top Three Male & Female Finishers**  
*In Each Category, No Duplicates*

*Awards presented following the race.*

**Official Race Results Will Be Posted On:**  
**runsignup.com**  
**indianaroadrunners.com**

**NO ALTERNATE DATE  
OR RAIN REFUNDS.**

# WAIVER

I understand and agree that participating in this event is potentially hazardous, and that I should not enter and participate unless I am medically able and properly trained. In consideration of the acceptance of this entry, I assume full and complete responsibility for any injury that may occur while I am traveling to or from the event, during the event or while I am on the premises of the event. I also am aware of and assume all risks associated with participating in this event including, but not limited to falls, contact with other participants, effect of weather, traffic, and conditions of the race route. I, for myself and all of my minor children, hereby waive and indemnify, release forever discharge and hold harmless Indiana Healthcare Foundation and its affiliates, officers, directors and employees as well as the event organizers, sponsors, promoters, runsignup.com, and each of their respective agents, representatives, successors and all other persons associated with the event, from any and all liabilities, claims, actions, or damages that may arise in connection with or are related to my participation in this event whether caused by negligence, action or inaction of any of the above parties, or otherwise. I give my consent and permission to Indiana Healthcare Foundation and its affiliates, officers, directors and employees as well as all other persons associated with this event the right to use, for any purpose, without compensation, photographs and videotapes of me that were made during the event as well as the results of my participation in the event.

Participant has read the foregoing and intentionally and voluntarily signs this Waiver and Release of Liability Agreement.

**SIGNATURE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*(If Participant Is Under 18 Yrs, Signature  
Of Parent Or Guardian Is Required)*

## EMERGENCY CONTACT

**NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_