

# REGISTRATION FORM

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

Early registration discount & T-Shirt  
guaranteed until Sept. 28, 2022

**Adults add \$5 after Sept. 28, 2022**

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

**\$30 Virtual Adults or Child**

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

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

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

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

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

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

**BREAST CANCER SURVIVOR:** ☐ YES ☐ NO

**I have a family member who is a breast cancer  
survivor:** ☐ YES ☐ NO

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

I WILL BE: \_\_\_ 5K RUN/WALK  
\_\_\_ 5K WALK (untimed)  
\_\_\_ 1 MILE WALK (untimed)  
\_\_\_ 5K Virtual

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

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

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

\_\_\_ I would like to make an additional donation to  
help save lives.

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

**Make Checks Payable to:**

IRMC Healthcare Foundation, LOL

**To be guaranteed a T-shirt,  
please mail by September 28, 2022 to:**

IRMC 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 14<sup>th</sup>  
3 pm - 6 pm

SCG Hobby 1450 Oakland Ave. Indiana, PA

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



This year, we are excited to announce  
our partnership with RaceJoy!

Runners/walkers being timed can  
strategize their race and see their pace in real-time.  
Spectators can track their favorite participants  
live and send supportive cheers and messages!

**Download the app today!**

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

## LOVE OF LIFE

*Supporting breast cancer  
services in our community*



**5K**  
**RUN/WALK**  
&  
**1 MILE FUN WALK**

**SATURDAY,**  
**OCTOBER 15, 2022**  
**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.irmc.org](http://www.irmc.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, walk, and fun walk; in order to qualify each member must include the team name on his or her registration form prior to the start of the race.

### Chip Timing (5K only)

Registration cutoff ends at 8:30 am on race day

### Tech T-Shirts

*\*\*T-Shirts guaranteed to all pre-registered by September 28, 2022*

### Free Parking

7:30 am to noon  
at S&T lot on North 8<sup>th</sup> Street

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 raises money for the Women's Imaging Center at Indiana Regional Medical Center. The Campaign has helped the Center to purchase two 3-D Mammography Units, supports Birdie's Closet (a boutique that provides FREE personal items to women before, during, and after cancer treatment and includes items such as: wigs, hats, scarves, shawls, camisoles, blankets, and more), has enabled IRMC to become a Nationally Certified Breast Center, and continues to raise breast cancer awareness throughout our community. With your help, the Love of Life Campaign will continue to support our community and save the lives of countless women! Please consider joining us for this cause and select your contribution amount.

## AWARDS

### 1 Overall Male & Female Winner

Receive FREE registration for the  
2022 LOL 5K Run/Walk (timed only).

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

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

*\*\*Awards must be picked up post\*\**

Official Race Results Will Be Posted On:  
**loveoflife5k.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, conditions of the race route and the potential for exposure to COVID-19. 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.

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: \_\_\_\_\_