



Inaugural American Red Cross Run for the Red 5K Run/Walk Saturday, March 27th, 2010, 10:30 AM

**In honor of Bill Lewis and
In Celebration of the 60th Anniversary of the Northeastern PA Regional Blood Center
All Proceeds to Benefit the Blood Services Program at the Wyoming Valley Chapter**

Location: Northeastern PA Regional Blood Center
Hanover Industrial Park – 29 New Commerce Blvd., Ashley, PA 18706

Course: 5km (3.1 miles) start and finish at the NE PA Regional Blood Center entrance area.
This race is through the paved Industrial Park roads.

Entry Fee: Registration Fee: \$15 for single racers/walkers
Minimum of \$15/per team member if participating in the TEAM CHALLENGE

Please make checks payable to the Wyoming Valley Chapter of the American Red Cross.
Send official entry to: Amy George, Development Coordinator, 256 N. Sherman St. Wilkes-Barre, PA 18702

Registration runs from 9:00am to 10:00am. Race will begin at 10:30am.

Run or Walk – Participate in the TEAM CHALLENGE!!! Visit <http://wyomingvalley.redcross.org> , <http://neparunner.com> or contact Amy George at 570-823-7161 ext. 322 for more info on the TEAM CHALLENGE!! Special Trophy and Grand Prize will be awarded to the Team of five or more raising the most money to benefit the Blood Services Program at the Wyoming Valley Chapter of the American Red Cross.

There is also a fundraising challenge for individual runners/walkers, whoever raises the most money as a single racer will be awarded a Special Grand Prize.

Tee-Shirts will be given the first 200 racers registered!!

Awards: Award for top male and top female runners/walkers. Awards for the top male and top female finishers in each age group: 15 and under, 16-19, 20-29, 30-39, 40-49, 50-59, 60+
Awards will be presented at a post race party where there will also be light refreshments served.

For more information contact Amy George at 570-823-7161 ext. 322 or georgeam@usa.redcross.org

OFFICIAL ENTRY FORM:

Please TYPE or PRINT

Run for the Red 5K Run/Walk

(Entry Form Can Be Photocopied)

March 27, 2010

NAME _____ PHONE (_____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ SEX: (circle one) M F

DATE OF BIRTH _____ T-SHIRT SIZE: (circle one) S M L XL

E-MAIL _____ BLOOD DONOR: (circle one) YES NO

TEAM NAME _____ RUNNER or WALKER (circle one)

AMERICAN RED CROSS

Waiver Form

I/my minor child, _____, wish/es to participate in the Run for the Red 5K Run/Walk to be held at the Northeast PA Regional Blood Center on Saturday, March 27, 2010.

I am aware that participation in the 5K Run/Walk is potentially hazardous and entails a risk of physical injury. I understand and agree that I/my child am/is electing to participate at my/his/her own risk. I am not aware of any physical or medical condition that would interfere with my/my child's ability to participate.

In consideration of myself/my child being permitted to participate in the 5K Run/Walk, I hereby release and discharge the American National Red Cross, the Wyoming Valley Chapter and all their employees, volunteers, officers, agents and releasees from any and all claims for personal injury, death or property damage arising from or in any way connected with my/my child's participation in the 5K Run/Walk, except where the same is cause by the willful misconduct or gross negligence of the releasees. I also note that participants in the 5K Run/Walk are not permitted to run/walk with dogs. All participants are prohibited from wearing roller skates or ride bicycles during this event. Registration fee is non-refundable.

For parents/guardians of minor participants only: As the minor's parent/guardian, I hereby consent to his/her participation in the Activity. If my child is injured or becomes ill and neither I nor the other parent/guardian can be reached at the numbers below, I give the American Red Cross permission to seek medical attention for my child.

By signing this waiver, I affirm that I have read and understand it and agree with its contents.

Signature of Participant or the Participant's Parent/Guardian

Date

Printed Name of Participant or Participant's Parent/Guardian

I understand that I/my child may be photographed during the course of the 5K. I grant full and unlimited permission to the American Red Cross, the Wyoming Valley Chapter, and their agents and affiliates to use my/my child's name, photographs or any other record of participation in this Activity in any broadcast, telecast or other account of the Activity for publicity purposes, without compensation, by placing my initials here. _____

EMERGENCY INFORMATION

Please indicate the person(s) to contact in an emergency:

Contact 1:

Name: _____

Daytime: _____

Cell: _____

Contact 2:

Name: _____

Daytime: _____

Cell: _____