

Lehigh Valley Health Network 2017 5K Run/Walk



Course Records

Runners: Male – Robert Moulton – 16:24 (2016)
Female – Tina Capparell – 19:20 (2013)

Walkers: Male – Jeff Knutson – 34:16 (2013)
Female – Jennifer Sloom – 37:51 (2013)



BROUGHT TO YOU BY THE HEALTH & WELLNESS
CENTER AT HAZLETON

April 29, 2017

Hazle Township Community Park

9:30 a.m. Kids' FREE Fun Run (11 years and younger)

10 a.m. 5K Run/Walk

- Part of the 2017 Greater Hazleton Festival of Races
- Early registration: \$20 (deadline: April 15)
- Race-day or late registration: \$25
- T-shirt guaranteed with early registration
- Course description – Race starting at soccer field parking lot (located off of Community Park Road), proceeding on Community Park Road, which turns into Hazle Township Boulevard (going toward Mountain City Nursing and Rehabilitation Center), to turnaround and back; mainly flat and fast, incline at end, marked miles, expert timing, water station, traffic control and spotters on course.
- Post-race party sponsored by Damon's Grill & Sports Bar.
- Proceeds benefit the Health & Wellness Center at Hazleton's fitness trail.

Make checks payable to:

Lehigh Valley Hospital-Hazleton

Send check and registration form to:

Health & Wellness Center at Hazleton

50 Moisey Drive, Hazleton, PA 18202

Attn: Corinne Stone/Cardiac rehab, Suite 107

For details, call **570-501-6953** or visit **LVHN.org/calendar**.

Additional information and registration form on back

570-501-4000 LVHN.org

AWARDS AND AGE CATEGORIES

Monetary prizes and awards will be presented to the top three overall male and female runners and walkers.
 Medals will be awarded to the top three male and female runners and walkers in the specific age groups.
 (PIAA rules apply to student athletes.)

5K Run and Walk
 (Three medals awarded
 in each age group)

Men
 14 and under
 15-19 40-49
 20-29 50-59
 30-39 60+

5K Run and Walk
 (Three medals awarded
 in each age group)

Women
 14 and under
 15-19 40-49
 20-29 50-59
 30-39 60+

Team Awards:
 (Businesses, running/walking clubs, LVHN colleague teams)
 Awards will be presented to top three teams in each category to finish the run and walk. To qualify, teams must be comprised of at least three people.

LVHN Colleague Awards:
 Medals will be presented to the first male and female finishers in the run and walk.

Directions to Hazle Township Community Park:

From I-81 – Take Exit 145 to Route 93 South. At second light, make a left onto Airport Beltway. Make a right onto Old Airport Road at Laurel Professional Center. Proceed onto Community Park Road. Follow road to main parking lot of Community Park.

From Route 309 – Follow Route 309 to intersection with Airport Beltway (Sheetz is on the corner). Turn onto Airport Beltway (toward Sheetz). Make a left onto Old Airport Road at Laurel Professional Center. Proceed onto Community Park Road. Follow road to main parking lot of Community Park.



REGISTRATION

Name: _____ Age on Race Day: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Sex: M F T-Shirt Size: S M L XL XXL Email Address: _____

Please check appropriate box: Runner Walker Kids' Fun Run

Business Team Entry (name): _____

Running/Walking Club Team Entry (name): _____

LVHN Team Entry (choose one): LVH–Hazleton LVPG–Hazleton HWC at Hazleton Health Center at Mt. Top

LVHN colleague (choose one): Yes No

RELEASE: ALL ENTRANTS MUST COMPLETE THIS RELEASE

In consideration of the acceptance of my entry, I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive, release, and forever discharge any and all rights and claims which I may have or which may hereafter accrue to me against Lehigh Valley Health Network, its affiliated entities including Lehigh Valley Hospital–Hazleton and the Health & Wellness Center at Hazleton, the officers, agents, representatives, successors, and/or assigns for any and all injuries suffered while traveling to or from this event or participating in it. I further attest that I consider myself to be in excellent physical health and that I have sufficiently trained for this event.

Signature: _____ Date: _____

(Parent must sign if under 18)

FOR OFFICE USE ONLY

Date Received: _____

Amount enclosed: _____

Cash Check

Date sent to A/P: _____