

# 1<sup>ST</sup> Annual Braille Awareness 5K Race

& 1 mile Run/Walk

Saturday, November 7, 2009

All proceeds benefit Forsight Vision in York

## Times:

Registration 7:00 AM

1 mile Run/Walk 8:00 AM

5K Race 8:30 AM

## Location/Parking:

Shrewsbury Fire Department

21 W. Forest

Shrewsbury, PA 17361

## Entry Fees:

### 5K Race

\$20 Registration  
on/before Oct. 24th

\$25 After Oct 24th

### 1 mile Run/Walk

\$15 in advance

\$20 race day

To pre register or for more information:

[www.BrailleAwareness.com](http://www.BrailleAwareness.com)



## Awards:

Top M/F Overall

Top M/F in each age group  
(19 and under, 20-29, 30-39,  
40-49, 50-59, 60 and over)

## Features:

- Custom t-shirt for all participants
- Free Refreshments
- Medical Personnel on site
- Giftbags for all participants
- Clothing for sale by "Braille-A-Wear"

\*\* t-shirt and race packets available to all pre-registered racers, all others subject to availability

## Sponsored By:



## Course:

Open Course, multiple hills, through quite neighborhoods. Wheel measured and professionally timed.

INFO FOR RETURN SLIP: Braille Awareness 5K

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Race:  5 K  1 MILE run/walk Sex: M F Age (day of race): \_\_\_\_\_ Size: S M L XL

Waiver: I know that running or walking a road race is potentially hazardous activity. I also know that there will be traffic on the course route. I assume the risk of running or walking in traffic. I also assume any and all other risks associated with running or walking this event, including but not limited to falls, contact with other participants, the effects of weather, the conditions of the roads, all risks being appreciated by me knowing these facts and in considerations of your accepting my entry fee. I hereby for myself, my heirs, executives, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Shrewsbury Borough, Shrewsbury Fire Department, volunteers, race director, and all sponsors including their agents, employees, or anyone acting on their behalf, or anyone else associated with the race in any way, from any and all claims or liability for death, personal injury or property damage of any kind of nature what so ever arising out of, or in the course of, my participation in this event. This waiver extends to all claims of every kind of nature, foreseen or unforeseen, known or unknown. By entering this race, I am granting permission to all parties affiliated with the race to use any pictures or likeness of me secured at the event in any way they see fit, without review, restriction, or compensation. I HAVE READ AND UNDERSTAND THIS WAIVER: (if you are under 18, legal guardian must sign)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Checks Payable to: Forsight Vision

Mail To: Braille Awareness 5K  
1380 Spahn Ave  
York, PA 17403