



# AIDAN'S AVENGERS

Fighting the Battle Against Pediatric Brain Cancer

## 2<sup>nd</sup> Annual Superhero 5k and Family Walk • DOUGLASSVILLE, PA

### Saturday, October 8, 2016 • 9:00am 5K / 9:45am Family Walk

**WHO:** Runners of all ages. Gather your family, friends and co-workers (create teams). Walkers are also invited to participate using the same course. The course is stroller and wheelchair accessible. **Participants are encouraged, but not required, to wear their favorite superhero apparel in honor of all the children who have valiantly fought the battle against Childhood Cancer.**

**WHAT:** The Aidan's Avengers Superhero 5K and Family Walk and Festival is a fundraiser for Aidan's Avengers, a 501(c)3 public charity. Proceeds benefit Pediatric Brain Cancer research.

**WHERE:** Hope Church 117 N. Monocacy Creek Rd., Douglassville, PA 19518. The course will take you through the Westridge Development and then back to the church for the finish.

**WHEN:** Saturday, October 8, 2016

- 8:00 AM – Registration begins
- 9:00 AM – 5K Run begins
- 9:45 AM – 1 mile Family Walk & Family Fest begins
- 10:00 AM – Award presentation at finish line (approx.)
- 2:00 PM – Family Fest concludes

**HOW:** To register, complete the form below and submit a **\$25 check/money order for each participant to Aidan's Avengers by September 22<sup>nd</sup> to receive an Aidan's Avengers T-Shirt.** Children under 10 are FREE to participate in the Family Walk (NO

t-shirts for these participants). The fee for entries received after September 22<sup>nd</sup> and Race Day is \$30 (T-shirt while supplies last). Size requests will be honored to the best of our ability. Registration & Team Registration also available online at <https://AidansAvengersSuperhero5k.eventbrite.com>

**RESULTS:** Finish line and timing service by Alpha & Omega Sports. Race results posted on [www.alphaandomegasports.com](http://www.alphaandomegasports.com)

**AWARDS:** Awards presented to top Male and Female finishers. Medals will be presented to top 3 male and female finishers in each age group 18 and under, 19-29, 30-39, 40-49, 50-59, 60 and older

**DIRECTIONS:**

- 117 N. Monocacy Road, Douglassville PA 19518
- Registration will be located under the Aidan's Avengers tent.

<http://www.mapmyrun.com/routes/view/1193410237>

**REMEMBER:** Pin your number to your shirt FRONT leaving the bottom portion unpinned so it can be removed as you cross the finish line. This is very important!

**For more information on the Superhero 5K & Family Walk and Festival (immediately following the walk), please visit [www.AidansAvengers.org/5k](http://www.AidansAvengers.org/5k)**

**REGISTRATION: Aidan's Avengers 5k Run/Walk** —> Complete this portion. Detach and mail. Include \$25 early registration fee before September 22<sup>nd</sup>. After registration fee is \$30. Please make checks payable to **Aidan's Avengers**.

Select: RUNNER / WALKER / VIRTUAL

Name \_\_\_\_\_ Phone: \_\_\_\_\_

*Please print*

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail address \_\_\_\_\_ Age (on Race Day) \_\_\_\_\_ Male \_\_\_ Female \_\_\_

T-shirt size (circle one)

YOUTH S M L

ADULT S M L XL XXL

**WAIVER/RELEASE:** I know that running a road race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I also know that there will be traffic on the course and assume the risk for running in traffic. I also assume any or all other risks associated with running or attending the race including but not limited to falls, contact with other participants, the effects of the weather and the condition of the roads, all such risks being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry fee, I hereby for myself, my heirs, executors, administrators or anyone else who might claim on my behalf, covenant not to sue, and waive, release and discharge Aidan's Avengers, Alpha & Omega Sports and any subcontractors it utilizes, all municipalities in which the race is held, the race committee, volunteers, any and all sponsors including their agents, employees, assigns or anyone acting for on their behalf, or anyone else associated in any way with the race, from any or 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(s). This waiver extends to all claims of every kind or nature what so ever, foreseen or unforeseen, known or unknown. I HAVE READ AND UNDERSTAND THIS WAIVER: (if under 18, legal guardian must sign)

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

*(Parent or guardian's signature if less than 18 years of age.)*

Please make checks payable to Aidan's Avengers and mail to: Aidan's Avengers, P.O. Box 668, Douglassville, PA 19518  
**Race Director:** Shannon O'Neill - [shannon@aidansavengers.org](mailto:shannon@aidansavengers.org) **For more information: [AidansAvengers.org/5k](http://AidansAvengers.org/5k)**