



AIDAN'S AVENGERS

Fighting the Battle Against Pediatric Brain Cancer & DIPG

5th Annual Superhero 5K and Walk * 8-11am * Douglassville, PA

Saturday, September 28, 2019

9:00AM 5K / 9:30 Family Walk

WHO: Runners of all ages. Gather your family, friends and co-workers. 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 fight the battle against Childhood Cancer.

WHAT: The Aidan's Avengers 5k Run/Walk and Family Fest is a fundraiser for Aidan's Avengers, a 501(c)3 public charity.

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 park for the finish.

WHEN: Saturday, September 28, 2019

- 8:00 AM – Registration & Family Fest opens
- 9:00 AM – 5K Run begins
- 9:30 AM – 1-mile Family Walk
- 10:00 AM – Award presentation at finish line (approx.)
- 11:00 AM – 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 14th 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 14th and on Race Day is \$30 (T-shirt while supplies last). Size requests will be honored to the best of our ability. Registration also available online at <http://aidansavengers.org/5k> (Online Registration Closes at midnight on 9/26)

RESULTS: Finish line and timing service by Alpha & Omega Sports. Race results posted on 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 inside the church.
- <https://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 race and the Family Festival, please visit www.AidansAvengers.org/5k

REGISTRATION: Aidan's Avengers 5k Run/Walk —> Complete this portion. Detach and mail. Include \$25 early if registering by September 14th. After the 14th-registration fee is \$30. Please make checks payable to **Aidan's Avengers**.

Select: RUNNER / WALKER

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 For more information: AidansAvengers.org/5k