



Laney's Legacy of Hope presents:

Laney's 3ND annual Fashionista 5k

Sunday, May 15th | 9:00 a.m. West Reading, Pa

LOCATION: Park at Reading Hospital's 7th Ave. parking garage and follow signs to start line. This event is rain or shine.

CAUSE: To help raise awareness & funds for Laney's Legacy of Hope, taking action against pediatric cancer.

COURSE: Weave through the nearby park system in the lovely town of West Reading starting and ending at 7th Ave. parking garage.

AWARDS: Awards for the male & female winners and runner-ups 13-18: 3M, 3F 19 - 29: 3M, 3F 30-39: 3M, 3F 40-49: 3M, 3F 50-59: 3M, 3F 60+: 3M, 3F Runners/walkers Ages 12 & under will receive a certificate of completion.

Best dressed awards for 1 Female, 1 Male, 1 Male 12 & under, and 1 female 12 & under.

REGISTRATION: By April 27th \$25 with guaranteed T-shirt and swag bag; **After April 27th: \$35 with no guarantee of T-shirt or swag bag;** Mail-in registrations must be postmarked by August 27th to receive t-shirt & swag bag. Day of registration fee will be: \$35 plus if available, no guarantee.

RACE PACKETS Early pickups available May 13th & May 14th 10am -5pm in the rear of A Running Start 705 Penn Ave. West Reading OR day of race from 7:30-8:30 outside of the Reading Hospital Parking garage.

AMENITIES: Porta-pots at start and finish, food & drink at finish for runners, face painting, carnival games, and music while onlookers wait for the race to finish.

DIRECTIONS FROM NORTH OF READING: Take 222 South, to 422 east, and take Penn Ave exit. Proceed on Penn Ave, take left onto 7th Ave. parking garage will be three blocks down on the right.

DIRECTIONS FROM SOUTH OF READING: Take 422 west, takes Penn Ave exit. Proceed on Penn Ave, take left onto 7th Ave., parking garage will be three blocks down on the right

Optional online registration available at

<http://laneyslegacyofhope.org/laneys-fashionista-5k-2015/>

(Nominal service fee applies; online registration closes at midnight, Wednesday May 11th. Mail in forms need to be post marked May 11th)

MAIL FROM & CHECK PAYABLE TO "Laney's Legacy of Hope" to

P. O. Box 5861 Wyomissing, Pa 19610

LANEY'S LEGACY OF HOPE: Race Director Jenell Wolf | 610.763.0776 | jwolf@laneyslegacyofhope.org

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Sex: M F RACE DAY AGE: _____ DATE OF BIRTH: ____ / ____ / ____ PHONE: (____) _____ - _____

SHIRT SIZE (CIRCLE ONE): S M L XL KIDS: M L

EMAIL (PRINT CLEARLY): _____

WAIVER: 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 pretzel city sports, Laney's Legacy of Hope 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. By entering this race, I am granting permission to pretzel city sports and Laney's Legacy of Hope to use any pictures or likenesses 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 under 18, legal guardian must sign):**

SIGNATURE _____ DATE ____ / ____ / ____