9th Annual

Zane's Run

*Raffle
*Chip Timing
*Live Entertainment
*Over 400 participants

for Cure SMA

Sunday, September 24, 2017

1 Mile Fun Run/Walk: begins at 9:00 a.m.

5K Run/Walk: begins at 9:15 a.m.

Walk-up registration will begin at 7:30 a.m.

~GREAT VALLEY MIDDLE SCHOOL~

255 N. Phoenixville Pike, Malvern, PA 19355

**Register by 8/31 to guarantee yourself an event t-shirt and medal for children 12 & under!

**Prizes will be awarded to overall male & female winners & for the top runners in all age groups for the 5K 11 years & under, 12-15, 16-19, 20-29, 30-39, 40-49, 50-59, 60-69, and 70+. Winners must be present to claim prizes.

Zane, our beautiful baby girl, passed away from the disease, Spinal Muscular Atrophy (SMA). SMA is the leading genetic killer of infants and children. The proceeds of this event will go to Cure SMA; a non- profit organization who help families like Zane's. To learn more about Cure SMA, please visit: www.curesma.org

*****To register online please visit: www.zanesrun.com (all payments are tax deductable)*****

Registration Form & Waiver –**OR**– Complete online at: www.zanesrun.com

Runner's Name: _____

Address: _____

Email: _____ Phone: _____

Gender: _____ Age: _____ T-shirt size (adults): S or M or L or XL

(children): XS or S or M or L

Event (please check):

___ 5K Run/Walk (9:15am) ___ 1 Mile Fun Run/Walk (9:00am)

Cost (please check amount included):

___ $25 adults (before 8/31) T-shirt included

___ $20 student/seniors (before 8/31) T-shirt included

___ $15 kids 12 & under medal & T-shirt included

___ $30 after 8/31, T-shirt not guaranteed

___ $25 after 8/31, T-shirt not guaranteed

___ $20 after 8/31, medal/T-shirt not guaranteed

___ **I am unable to attend, but I would like to make a donation and receive an event T-shirt.**

$10 minimum per shirt. Please check size(s), fill out your mailing address, and mail to address below.

Mail registration and payment to: Hillary Schmid c/o Zane's Run
28 Clover Lane
Malvern, PA 19355

make tax-deductable checks payable to:
Zane's Run for Cure SMA

In consideration of this entry being accepted, I hereby, for myself, my heirs, executors and administrators, waive and release any claims that I may have against East Whiteland Township, the school, the race organizers, the sponsors, and their representative, successors, or assignees for any injuries that may be suffered by me in this event. I also give permission for the use of my name and/or picture in any newspaper, website, broadcast, or other account of this event. I certify that I am in good physical condition for this event. No refunds available. I agree to all terms listed on the waiver found on www.zanesrun.com.

Signature: _____ Name (please print):_____

(participants under age 18 must have parent or guardian sign waiver)