



5th Annual Zane's Run

for Families of SMA
Sunday, September 29, 2013
5K Run/Walk: start time 9:30
5mile Run: start time 9:15
1 Mile Fun Run/Walk: start time 9:00
 Walk-up registration will begin at 7:30

 CHIP TIMING!!
 5 Mile Course!
 Sponsor Tables!
 Over 400
 Participants!

NEW LOCATION- GREAT VALLEY MIDDLE SCHOOL

225 N. Phoenixville Pike, Malvern, PA 19355

Register by 9/9 to guarantee your 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 & 5Mile: 11 years & under, 12-15, 16-19, 20-29, 30-39, 40-49, 50-59, 60 & over. Winners must be present to claim prizes.

Zane, a beautiful baby girl, was diagnosed with the disease SMA, Spinal Muscular Atrophy. SMA is the leading genetic killer of infants. The proceeds of this event will go to Families of SMA, who support families like Zane's. To learn more about FSMA please visit: www.fsma.org.

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

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

Event (please check): (children): S or M or L

5K Run/Walk (9:30am) 5 Mile Run (9:15am) 1 Mile Fun Run/Walk (9:00am)

Cost (please check amount included):

\$25 adults (before 9/9) T-shirt included \$30 after 9/9, T-shirt not guaranteed

\$20 student/seniors (before 9/9) T-shirt included \$25 after 9/9, T-shirt not guaranteed

\$15 kids 12 & under medal & T-shirt included \$20 after 9/9, medal/T-shirt not guaranteed

"I can't come, but I would like make a donation & receive a T-shirt." \$10 minimum per shirt, please check size(s) above.

Mail registration and payment to: Carrie Kane c/o: Zane's Run
 24 Oneida Court
 Chester Springs, PA 19425

make tax-deductible checks payable to:
 Zane's Run for Families of 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)