



7th Annual Zane's Run

benefitting Cure SMA

Sunday, September 27, 2015

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

5K Run/Walk: begins at 9:30 a.m.

Walk-up registration will begin at 7:30

~GREAT VALLEY MIDDLE SCHOOL~

225 N. Phoenixville Pike, Malvern, PA 19355

**Register by 9/4 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 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, passed away from the disease, Spinal Muscular Atrophy (SMA). SMA is the leading genetic killer of infants. The proceeds of this event will go to Cure SMA, who support 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 deductible)

*Raffle
*Chip Timing
*Live
Entertainment
*Over 500
participants

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): YS or S or M or L

Event (please check):

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

Cost (please check amount included):

\$25 adults (before 9/4) T-shirt included \$30 after 9/4, T-shirt not guaranteed
 \$20 student/seniors (before 9/4) T-shirt included \$25 after 9/4, T-shirt not guaranteed
 \$15 kids 12 & under medal & T-shirt included \$20 after 9/4, 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) above, include your mailing address & check, 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-deductible 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)