

SIGNATURE OF ENTRANT (parent/guardian if under 18):

**ENTRY FEE:** 

## PENN STATE OPERATION SMILE PRESENTS:

## MILES FOR SMILES 5K RUN/WALK

Saturday, March 23<sup>rd</sup>, 2013 8:30 AM

## PROCEEDS BENEFIT OPERATION SMILE

**About our Cause:** Operation Smile is a non-profit organization of physicians, nurses, and other healthcare providers who provide free surgeries to children around the world who are born with cleft lips, cleft palates, and other facial deformities. Just \$240 can sponsor one child's operation and transform his or her life forever!

**COURSE:** Race will be held at Penn State College of Medicine, 500 University Drive, Hershey, PA. Paved, mostly flat course around the campus. Start & finish at the University Fitness Center.

Pre-registration: \$20.00 before March 23<sup>rd</sup> – Includes free commemorative t-shirts to all entrants before March 8th, 2013

**RACE REGISTRATION:** Registration & check-in begins at 7:30 AM at the University Fitness Center. All entrants must be checked in by 8:15 AM. Race will be held rain or shine.

Race day registration: \$25.00				
Penn State Hershey Student Regis	tration (all medical, gradua	te, and nursing students): \$	15.00	
ADDITIONAL DONATIONS: I would	l like to donate an additiona	ıl (please circle): \$10	\$15 \$20	Other:
AWARDS: Top overall male and female run First, second, and third-place male 14 and under 15-19		of the following age categ	gories will receive	e medals:
REGISTRATION FEE PAYMENT: Ma	ke checks or money orders	payable to <i>Penn State Ope</i>	ration Smile, and	l mail to:
	P.O. Studen	llege of Medicine Box 850 t Box 740 A 17033-0850		
Questions? Contact race directors: Ji Lin a	ut jlin3@hmc.psu.edu or Jul	ie Shelkey at jshelkey@hm	nc.psu.edu	
2013 ENTRY FORM (Please print or type)				
NAME:		AGE: _		SEX:
STREET:				
CITY:				
PHONE:	EMAIL:			
T-SHIRT SIZE: (circle one) Adult:	S M L XL	Circle One: R	UN WALK	
Waiver of Responsibility (ALL ENTRANTS Mand run unless I am medically able and properly the race. I assume all risk associated with running including high heat and/or humidity, traffic, and Having read this waiver and knowing these facts behalf, waive and release the organizers and any Medicine, Penn State Operation Smile, and all revent, even though liability may arise out of neg	r trained. I agree to abide by ar ng this event, including, but no the condition of the road or or s, and in consideration of your y sponsors of Miles for Smiles, ace sponsors and vendors from	y decision of a race official ret t limited to, contact with other ther racing surfaces, all such racepting my entry, I, for my including: Penn State Hershe all claims or liabilities of any	elative to my ability participants, effectisks being known a self and anyone entry Medical Center, It whind arising out of	to safely complete ts of the weather, nd appreciated by me. titled to act on my Penn State College of

DATE: