

2014

St Luke's youth run

Children ages 3 through 14

what: Ages 3-4 1/8 mile Ages 5-6 1/4 mile
Ages 7-8 1/2 mile Ages 9-14 1 mile

when: April 26th 2014 2:40 pm (check-in time 1:00-2:30 pm)

where: [Holiday Inn Center City](#), 904 Hamilton St Allentown, PA 18101

why: To introduce children to the sport of running and guide them to increased fitness levels. It also helps to educate kids about what to expect if they plan on running cross country in high school.

HAVE THE MOST KIDS AND
YOUR SCHOOL CAN WIN
\$750!

[REGISTER ONLINE!](#)

no entry fee! In its continued efforts to support youth running in the Lehigh Valley, the LVRR is proud to sponsor every child for this event.

\$750 award! First prize of \$750, second \$500 and third \$250 will be awarded to the schools that Have the most finishers in the Youth Run. The award will be presented to the school's physical education department in May.

LVRR 2014 YOUTH RUN

Name _____ Email _____ (in event of cancellation)

Address _____


City _____ State _____ Zip _____

Phone _____ Date of birth _____ Age (on Apr 27th) _____

Sex _____ School Attended _____

T-Shirt Size (circle one): YS YM YL AS AM AL

T-shirts are guaranteed to all registered by April 20th, 2014 and are available race day while supplies last!

Mail To:  Lehigh Valley Road Runners
2014 Youth Run
PO Box 592
Allentown, PA 18105

I have read the waiver on the reverse side and agree to its terms and conditions.

Parent or Guardian Signature

Date

Please pre-register your children for easy check



EVENT IS HELD RAIN OR SHINE.

courses: All races will start and finish by the Holiday Inn Downtown. Courses are accurately measured and events are timed.

amenities: T-shirts guaranteed to all pre-registered by April 20th, 2014. and are available race day while supplies last.
Medals awarded to each finisher.

Drinks provided.

how to register:

 [register on line!](#)

1. Online at: [St Luke's 1/2 Marathon Youth Run](#) or

2. Complete entry form and mail to:

Lehigh Valley Road Runners
2014 Youth Run
PO Box 592
Allentown, PA 18105

check-in: 1:00-2:30 PM at PPL Plaza to receive race number.

contacts: Loretta Dodson 610-395-2438
Email ldodson@ptd.net

directions: [Holiday Inn](#), 904 Hamilton Street, Allentown, PA 610-433-2221

FROM ROUTE 22 (EAST OR WEST) - Take the 15th Street Exit and go south to Hamilton, turn left on Hamilton Street. Holiday Inn is at 9th & Hamilton Streets.

FROM ROUTE 78 - Take the Hamilton Street exit. [Holiday Inn](#) is at 9th & Hamilton Streets.

YOUTH RUN PROGRAM WAIVER

The undersigned is the parent or legal guardian of the minor whose name appears on the front of this form. I understand that running is a potentially hazardous activity. I understand that the minor should not enter and run unless medically able and properly trained. I agree to abide by any decision of a race official relative to the minor's ability to safely complete the run.

On behalf of the minor for whose benefit I am executing in this waiver, I assume all risks associated with running this event including, but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions the road or track, all risks being known and appreciated by me.

Having read this waiver and knowing these facts in consideration of your accepting my entry, I, for myself, the minor, and anyone entitled to act on my behalf, or on the minor's behalf, waive and release the Lehigh Valley Road Runners Club, its officers and agents, the City of Allentown, its officers, directors, agents, and employees, Holiday Inn, and its employees, all sponsors, representatives and successors including the Road Runners Club of America, its officers, directors, agents, and employees from all claims or liabilities of any kind arising out of the minor's participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I further authorize and empower the event director to consent to and authorize any medical care or treatment for the minor which may appear reasonably necessary as a result of emergency, accident, or illness of the minor whether occurring before, during, or after the event. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings, or any other record of this for any legitimate purpose.