

Annual "Aberdeen Breast Cancer Awareness" 5K Run

Sponsored by:

SUNDAY, OCTOBER 6, 2019



Registration Begins at 6:30AM with the Run Starting at 8:00AM

Aberdeen American Legion Post 128
44 N. Parke St. Aberdeen, Md.

Early Registration \$25.00/person or day of \$30.00/person
Includes 5K Run, or 1 Mile Fun Walk T-Shirt, Runners Pin, Door Prize Ticket
5K starts at 8:00AM with last runners in by 10:00AM
\$10.00/person "Once Around the Park" Fun Run
For online registration: www.thinkpinkaberdeendam.org

*Pre-Race Packet pick up Thursday, October 3 at the Greene Turtle Aberdeen or at the event on race day
Questions/Contact us 410-836-6218 or email Director@aberdeenc.org
Classes: 5K Run 13 & Under, 14-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & Over
Awards: 1st, 2nd & 3rd Place overall Male/Female and 1st Place Male/Female Finishers in all 5K classes

Make checks payable to **Think Pink Aberdeen Md** – Breast Cancer Awareness and mail to:
Aberdeen Chamber of Commerce 18 Howard St. Aberdeen, Md. 21001

Name: _____

Address: _____ City: _____ State: _____

Phone: () _____ Email: _____

(Circle all that apply) Sex: M or F Race: 5L Run or Walk T-Shirt Size (Adult) XS-S-M-L-XL-2X-3X
(T-Shirt sizes only guaranteed to pre-registered)

Donations Only for **Think Pink Aberdeen MD \$ _____

Waiver

I know that running/walking a road race is a potentially hazardous activity. I shall not enter and run/walk unless I am medically able and properly trained. I assume all risks associated with running/walking this event including but not limited to falls, contact with other participants, the effort of the weather, the conditions of the road and traffic on the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry to participate in **ThinkPinkAberdeenMD** 5K Run, I, for myself and anyone entitled to act on my behalf, waive and release the organizers of liabilities of any kind arising out of my 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. By signing this waiver and release I certify that I fully understand its significance.

Participant Waiver Signature: _____