

This event is sponsored by:



Department of Physical Therapy

The Westcentral District of the  
Pennsylvania Physical Therapy  
Association

And by our friends:

RoadID



For more information, contact:

Brittany Hutchinson  
(814) 577-4499  
bhutchinson1320@gmail.com

or visit

<http://www.ppta.org/Districts/Westcentral.aspx>

PPTA | 5k | National Physical  
Therapy Month

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The Department of Physical Therapy  
at Saint Francis University  
and the Westcentral District  
of the PPTA

Physical Therapy  
Month &  
Advocacy Fundraiser

5K Run or Walk

MUSTACHE  
DASH  


Saturday, October 7, 2017

Saint Francis University  
Loretto, PA

All proceeds donated to the  
PPTA Advocacy Fund

## Course Descriptions

**5K run/walk:** The 5K run/walk starts on the mall at the Science Building and winds around and through the Saint Francis University Campus.

**Start time- 9:00 a.m. Walkers  
9:15 a.m. Runners**

## Registration

### Pre-Registration:

We offer pre-registration that includes a T shirt for all registrations received by Sept. 23. Please send all registrations to Brittany Hutchinson at bhutchinson1320@gmail.com. You may access the registration form online at <http://www.ppta.org/Districts/Westcentral.aspx>

### Day of Race Registration

Race day registration is available from 8:30 to 9:00 a.m. at the registration table at the Science Building with T-shirts on a first-come first-serve basis.

### Individual Rate

Student \$10

Early Registration \$20  
(Until September 23)

Day of Race \$25  
Registration

\*\* Day of Race Registration can only be made payable by check.

## Race Packet Pick-up

### Before the Race:

Race packets are available at the PT office in Stokes 229 on the Saint Francis University campus on Oct. 6 from 1 p.m. until 4 p.m.

### Day of the Race:

Race packets are available at the registration table at the Science Building from 8:30 to 9:00a.m.

## Awards Ceremony

Awards will be given out immediately following the race. Awards will be made to the

- Top overall male and female finisher
- Top male and female finishers
  - 14 to 19 years
  - 20 to 29 years
  - 30 to 39 years
  - 40 to 49 years
  - 50 to 59 years
  - 60 and older

*Award winners are asked to remain for the Awards Ceremony as no awards will be mailed.*

## Prize Drawing

Every participant will be entered into a drawing for 3 prize bags, consisting of: T-shirts, water bottle, and other items!

## PT Month 5K Run/Walk

E-Mail registration to:  
[bhutchinson1320@gmail.com](mailto:bhutchinson1320@gmail.com)

Print Legibly:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age (Race Day): \_\_\_\_\_

Sex:  M  F

Shirt Size:  S  M  L  XL  
 XXL

Race:  5K run  
 5K walk

### Payment Information:

Checks or Cash are accepted  
(Checks made payable to: Westcentral District of PPTA)  
Amount Enclosed: \_\_\_\_\_

WAIVER: In submitting this entry, I, intending to be legally bound for myself, my heirs, executors, and administrators, waive, release, and forever discharge Saint Francis University (SFU) and all event sponsors, event volunteers and workers, their offices, directors, agents, successors, and or assignees for any and all injuries suffered by me at this event. I attest that I am physically fit and prepared for this event. I agree that SFU is not responsible for any of my medical or medication needs. I authorize the leaders of this activity to take whatever actions they believe are most appropriate regarding my health and safety in the event of an emergency. This includes placing me, at my own expense, in hospital or health care facility, if that is deemed medically necessary. I acknowledge and understand that SFU assumes no liability whatsoever for any loss, damage, destruction, theft or the like to my personal belongings. I understand that I may be photographed and agree to allow my photo, video, or film likeness to be used for legitimate purposes by any of the aforementioned parties.

Signature: \_\_\_\_\_

Parent/Guardian if under 18

Date: \_\_\_\_\_

**\*\* All participants must complete an application**

**\*\*Copy this form as necessary per applicant**