

Heel the Burn

**3rd Annual
5K Run/ 1M Walk
Saturday, June 9, 2012**

Williamstown High/Middle School Track

(Parking at Williamstown Middle
School, 561 Clayton Rd.
Williamstown, NJ 08094)

USATF certified 5k

**7:30 am Registration
9:00 am Start time
Kids fun-run following race**

**Proceeds for this event support
the Nathan Speare Regional
Burn Treatment Center at
Crozer-Chester Medical Center**

AWARDS: Overall male & female
Male & Female for each age group:
~ 14 & Under ~ 15-19
~ 20-29 ~ 30-39
~ 40-49 ~ 50-59
~ 60+

AMMENATIES:

- T-shirts to first 100 registrants
- Refreshments
- Music
- Timing & results by L&M Sports

ENTRY FEES: \$25 prior to race
\$30 race day

FREE: Children under 12

REGISTER ON LINE (or mail):

www.LMSPORTS.com or
<http://crozerkeystone.kintera.org/heeltheburn>

CONTACT INFORMATION:

Director: Jackie Roberts
Phone: 609-472-9176
e-mail: bradymat@comcast.net

Thousands of people a year experience the trauma of burns, among them our race director, Jackie Roberts. Such a tragedy can leave victims with years of scarring, surgeries, pain, and emotional distress. The team of burn professionals at the Nathan Speare Regional Burn Center uses state-of-the-art surgical techniques, medications, therapies, wound care and skin replacement products. We need to join the effort to provide hope, and on-going medical support for burn victims to prevent pain and financial hardship that could last a lifetime.

REGISTRATION & RELEASE:

NAME: _____

ADDRESS: _____

PHONE: _____

E-MAIL: _____

AGE: _____ **SEX:** _____

RACE: **5K** **1M**

SHIRT SIZE: _____

(Available sizes: Adult S, M, L, XL, XXL)

WAIVER: In consideration of being permitted to participate in this event, I hereby for myself, my heirs, and personal representatives assume any and all risks which might be associated with this event, and I further waive, release, discharge and covenant not to sue sponsors, officials, contributors, organizers, volunteers and beneficiaries or their successors and assign for any and all injuries and damages of any kind whatsoever suffered by me as a result of taking part in the event and related activities. I also give permission for free use of my name and picture in any broadcast, telecast or other account of the event.

SIGNATURE: _____

(Parent/Guardian signature for minors)

**PLEASE RETURN THIS FORM WITH CHECK
OR CASH TO: HEEL THE BURN
5 JACQUELINE PLACE
SEWELL, NJ 08080**