

5K Run/Walk to Control Diabetes

May 16th, 2015 @

South Middleton Park, Boiling Springs, PA

29.1 million people in the United States have diabetes, 8.1 million of whom may be undiagnosed and unaware of their condition. Diabetes is also a major cause of heart disease and stroke. People with diagnosed diabetes incur average medical expenditures of about \$13,700 per year, of which about \$7,900 is attributed to diabetes. Thus, many patients cannot afford this medication. Let's help these patients in need!

When: Saturday, May 16th, 2015

Where: Start at South Middleton Park, Boiling Springs, PA

FEE: \$25 prior to race day, \$35 on race day

Registration Time: 7:00a.m.

Race Start Time: 9:00 a.m.

All Proceeds will go to underinsured Diabetic Patient's who cannot afford insulin



T-SHIRTS

*T-SHIRTS GUARANTEED TO THE FIRST 250 PRE-REGISTERED WALKERS/RUNNERS

 **Register Online**
TimberHillTiming.com

5K RUN/WALK TO CONTROL DIABETES

Come and enjoy a 5k run/walk through beautiful Boiling Springs to benefit families unable to afford their insulin. Health Fair following the race.

SATURDAY MAY 16TH, 2015

RACE TIME: 9:00 AM

SOUTH MIDDLETON PARK, BOILING SPRINGS, PA

T-SHIRTS GUARANTEED TO FIRST 250 PRE-REGISTERED WALKERS/RUNNERS
MEDALS GUARANTEED TO ALL RUNNERS

FEE: \$25 PRE-REGISTERED BY May 15TH, 2015

FEE: \$35 ON RACE DAY

CHECK OUT THE WEBSITE: <http://wrightrdb.com/control-diabetes-5k>

REGISTRATION TIME BEGINS @: 7:00 AM

* First Name _____ *Last Name _____

* Participant Address _____

* Email Address _____

* Phone Number _____ Ex. (800-555-1212)

* Gender Female Male

* T-Shirt Size (S,M,L,XL) _____ Age on race day _____

* Total Amount Enclosed (Cash/Check) _____

Send Cash/Check with Registration to 221 Evergreen Drive, Boiling Springs, PA 17007

* Check made payable to Sadler Health Center in the memo box **MUST** include Rachel's D.I.N. Paying w/ Credit Card: Go to http://timberhilltiming.com/Registration.php?event_id=233

* In consideration of the acceptance of my entry/my child's entry, I for myself or my child, our executors, administrators, and assignees....do hereby release and discharge the organizers of this race and all other sponsors and organizers of all claims and damages, actions whatsoever in any manner arising out of my/my child's participation in said athletic event. I attest and verify that I have full knowledge of the risks involved in this event and I am/my child is physically fit and sufficiently trained to participate in this event. Further, I hereby grant full permission to any all of the foregoing to use my/my child's name, photographs, videotapes, motion pictures, recordings or any other record of this event for any legitimate purpose without compensation or remunerations.

*Signature Required For Registration _____

*Initials of parent/guardian required if participant is under 18 years of age _____