

Come one. Come all!

*Runners, walkers and
wheelchair participants.
Strollers and pets are welcome.*

A Friday night in the summer is the perfect time to come together with family and friends for a great run or a fun walk! Tired of doing the same old 5K loop? Now is your chance to change it up or add a little mileage, along with a twilight start time.

BEST DRESSED SCRUBS

Wear your "scrubs" and enter our "Best Dressed Scrubs" contest! Following the race, join us for a post-race celebration with raffles, prizes, refreshments and the awards ceremony.



COURSE

Location: North Park Pool Loop
Hemlock Drive, Allison Park, PA 15101

Participants have the option of running or walking two-loops for the 8K or one-loop for the 4K. Both races will have awards in each age group.

ABOUT US

Proceeds from the 3rd Annual 8K Scrub Run/Walk support UPMC Passavant, McCandless and Cranberry campuses, advancing the health and wellness for all in our community through education, outreach and grant making. Learn more about the Foundation's impact by visiting www.PassavantHospitalFoundation.org.

WORK WITH US

Extra hands are needed for set up, water stops, registration and more. Call 412-748-6648 or email steinsdoerferj@ph.upmc.edu for volunteer information.



PASSAVANT HOSPITAL
FOUNDATION
9100 Babcock Boulevard
Pittsburgh, PA 15237



PASSAVANT HOSPITAL
FOUNDATION

Scrub
Run/Walk

3rd ANNUAL

Twilight Road Race

8K

8K or 4K Run/Walk

Friday, August 21, 2015

7:00 PM

North Park
Pool Loop

Hemlock Drive, Allison Park, PA 15101

WAYS TO REGISTER

ONLINE www.signmeup.com/106736

MAIL *Send completed registration form with payment to:*
Jennifer Steinsdoerfer
8K Scrub Run/Walk
Passavant Hospital Foundation
9100 Babcock Blvd.
Pittsburgh, PA 15237

PHONE 412-748-6648

EMAIL steinsdoerferj@ph.upmc.edu

RUN FOR FREE

Crowdfund for Passavant Hospital Foundation and run for free! Visit www.crowdrise.com/scrubrun to learn more or call 412-748-6648.

SPONSORSHIP OPPORTUNITIES

8K Race Sponsor: \$1,000

4K Race Sponsor: \$750

Starting or Finish Line Sponsor: \$500

Mile Marker Sponsor: \$250

Additional sponsorship opportunities are available.

Call 412-748-6648 or email steinsdoerferj@ph.upmc.edu.

SCHEDULE OF EVENTS

THURSDAY, AUGUST 20

4:00 – 7:00 PM Packet Pickup

Mojo Running & Multisport

667 Castle Creek Drive, Seven Fields, PA 16046
(in the Phoenix Plaza on Rt. 228)

FRIDAY, AUGUST 21

5:00 PM Packet Pickup & Same-Day Registration
Harmar Pavilion

7:00 PM **Race Begins**

Starting Line: Pie Traynor Field

Post-Race Celebration immediately following at the Harmar Pavilion.

TIMING: ChampionChip Timing & Scoring conducted by Runner's High.

FREE PARKING AVAILABLE:

Pie Traynor Field • Pool Parking Lot • Harmar Pavilion

REFUND POLICY: This event will take place rain or shine. All entry fees are non-refundable.



REGISTER TODAY!

ONLINE www.signmeup.com/106736

MAIL *Send your completed registration form with payment to:*
Jennifer Steinsdoerfer
8K Scrub Run/Walk
Passavant Hospital Foundation
9100 Babcock Blvd.
Pittsburgh, PA 15237

PHONE 412-748-6648

EMAIL steinsdoerferj@ph.upmc.edu

First Name: _____ Last Name: _____ MI: _____

Birth Date: _____ Age on 8/21/15: _____ Gender: Female Male

Email: _____ Phone: _____

T-shirt Size (Unisex): S M L XL XXL

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

8K Race 4K Race Runner Walker Wheelchair

Waiver and Release:

Liability Waiver and Race Agreement: I know that participating in the Passavant Hospital Foundation Scrub Run 8K is a potentially hazardous activity. I should not enter and participate unless I am medically able and properly trained. I assume all risks associated with participating in the Passavant Hospital Foundation Scrub Run 8K activities including, but not limited to falling, contact with other participants, contact with any equipment being used by me or around me, the effects of weather, traffic and the conditions of the roads or pavement, and all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my application, I, for myself and anyone entitled to act in my behalf, waive and release any and all sponsors including but not limited to, Passavant Hospital Foundation, Mojo Running & Multisport, property owners, their employees, race officials, volunteers, and all sponsors, the representatives, and successors from all claims of liability of any kind arising out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for legitimate purposes.

Sign here: _____ Date: _____

Parent/Guardian signature required if under 18 years old.

REGISTRATION FEES:

8K Race: \$30 4K Race: \$18

Check Enclosed: \$ _____ (*Please make checks payable to Passavant Hospital Foundation*)

Credit Card: American Express Discover Visa MasterCard

Card #: _____ Expiration Date: _____