

**Includes Dorney  
Admission ticket**



**Brought to you by  
RUN LEHIGH  
VALLEY**

**We've unleashed the zombies- and those who survived are ready for a morning run! Costumes aren't required but are highly recommended!**

**Race Date:** Saturday, September 20, 2014, 9:00 AM

**Race Day Registration/packet pickup:** 7:30 AM- 8:45 AM (Dorney Park Main Gate)

**Fees:** \$25 if registered by August 17, \$30 After August 15; Online Registration will close September 16

**The Run:** The race will take place at Dorney Park. Starting inside the park and running through the park and surrounding area. The course will include pavement, some grass and gravel. — running participants are the *Zombies* – come dressed to impress! There will be “humans” entering the course with flags throughout the course — any participant dressed as a zombie can grab a flag and flags = prizes!

**The Goods:** Each runner receives a t-shirt, admission ticket to Dorney Park for 9/19, 9/20 or 9/21, beverages, and snacks. T-shirts guaranteed if registered by September 1.

**Prizes:** Top Male/Female, Age group awards will be given 3-deep and everyone has a shot at the raffle prizes! Must be present at awards ceremony to win. The awards ceremony will take place as soon as most runners are finished, approximately 10 AM. Additional prizes for the best Zombies! ***Prizes for any Zombie who catches a human.***

### **Runner's Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Male  Female Age @ end of year: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Shirt Size:** (Check One)  S  M  L  XL

*In consideration of your permitting me to participate in this event, on behalf of myself, my heirs, executors, administrators, successors and assigns, I hereby waive and release all rights and claims for damages which I may have against you or your assigns, the municipalities in which the event occurs, or anyone connected with the event, their heirs, executors, administrators, successors, and assigns, for any and all injuries or illnesses which I may suffer as a result of taking part in the event. I grant my permission to use my name or any audio or visual recording for any lawful purpose.*

*I have read & understand the above waiver.*

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

**Please mail completed form with payment to:**

Run Lehigh Valley  
PO Box 123  
Allentown, PA 18105

Make checks payable to  
“*Work to Live, LLC*”

Online Registration available at: [www.runlehighvalley.com](http://www.runlehighvalley.com)