



# 3<sup>rd</sup> Annual Brandon W. Boger Memorial 5K Race/Walk to benefit

St. Mary Medical Center-Trauma Unit, Newtown PA



**Saturday, October 18, 2008- Registration 7:30 -8:45 am, Race starts 9:00 a.m.  
Doylestown Central Park, 425 Wells Road  
Doylestown, PA 18901**

*February 2, 2005 Brandon W. Boger died tragically as a result of injuries sustained nearly 10 months earlier from an auto accident. Brandon was an excellent student and athlete. He played both football and lacrosse at Central Bucks High School East. The Brandon W. Boger Memorial Foundation's mission is to provide in Brandon's memory, charitable assistance to the Bucks County Community and a venue for participation in community service by those who exhibit an unwavering, indomitable spirit and a desire to help others in need.*

- I WOULD LIKE TO REGISTER AS A RUNNER-- **\$20.00 adults, \$15.00 students\****t-shirts included with registration (as available)*
- I WOULD LIKE TO REGISTER AS A WALKER--**\$20.00 adults, \$15.00 students\****t-shirts included with registration (as available)*
- SORRY, I AM UNABLE TO ATTEND BUT WOULD LIKE TO MAKE A CONTRIBUTION
- I have enclosed a check or money order for my registration fee/donation

**Or register online at**  
[\*\*www.active.com\*\*](http://www.active.com)  
**Keywords "Brandon Boger"**

Send form and check (payable to "BWB Memorial 5K ") to:

**Brandon W. Boger Memorial Foundation  
c/o 60 Green Street, Suite #2  
Doylestown PA 18901**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ T-shirt size (circle one) Adult S M L XL

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender: (circle one) Male or Female Age: (as of 10/18/08) \_\_\_\_\_ (required for placement awards)

Telephone \_\_\_\_\_ E-mail Address(for confirmation) \_\_\_\_\_

**Waiver:** I know that walking or running a race is a potentially hazardous activity. I should not enter and walk or run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the course. I assume all risks associated with running and walking in this event, including but not limited to falls, contact with other participants, the effects of the weather, including low temperature or wind chill, traffic and conditions of the course. All such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors, and administrators, waive any and all claims I may have for damages against the state of Pennsylvania, Doylestown Township, the Doylestown Lions Club, Lions Clubs International or any individuals associated with the organization of this event, their representatives and successors, and assignees for any and all injuries suffered by me in connection with this event including pre and post race activities. I hereby grant permission to the organizers of the BWB Memorial Foundation and their authorized agents to use my name, photographs, videotapes, motion pictures in connection with this event, including any other record of my participation in this event. There will be a \$20 fee for all return checks. Sorry no refunds. One registration form per participant, please.

Participant Signature\* \_\_\_\_\_ Date \_\_\_\_\_

- \*If participant is under 18 parent/ guardian signature needed \_\_\_\_\_

**Mail-in pre-registration applications must be postmarked no later than October 10, 2008.**