



*A community fundraising event  
 on June 1, 2019  
 inspired by Carly Imbierowicz  
 & all the Angels who have gone before us.*

The run is multi-purpose - not only to help raise awareness of Carbon Monoxide Poisoning, the silent killer that took the lives of Carly Imbierowicz and Daulton Pointek on November 22, 2014, but to also help fund projects at the school. This year's funds will go towards helping fund Octorara Reading, Solar and Sport Booster programs.

*\*\*FREE Rainbow Dash for kids - toddlers to 2<sup>nd</sup> graders - prior to start of run\*\**

The run is a non-competitive COLOR run and all are welcome to participate - runners, walkers, children, families! Event held at Octorara Intermediate School. Race day schedule: 7:30am registration opens; 8:50am pre-race rainbow shower; 9am color run begins!

Octorara Angels Rainbow Run, June 1, 2019

Make check payable to: OARR

Return form and money to Mr. Taylor OR

Mail to The Carly Imbierowicz Foundation, Corp, 105 Fernwood Road, Suite 100, Coatesville, PA 19320

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

Address, City, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Shirt Size(s): mark number of each size needed - YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

WAIVER: I know that running a race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Carly Imbierowicz Foundation, the boroughs of Atglen and Parkesburg, the Octorara Area School District, the Octorara Track & Field Booster Club, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to the Carly Imbierowicz Foundation and the OHS Track & Field Booster Club to use my photographs or any other record of this event for any legitimate purpose.

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

**(Parent signature for participants under 18 years of age)**

**Total due:** # of participants over age 18 \_\_\_\_\_ x \$30 (\$35 if after May 20) = \$ \_\_\_\_\_

# of participants ages 13-18 \_\_\_\_\_ x \$20 (\$25 if after May 20) = \$ \_\_\_\_\_

# of participants age 12 or younger \_\_\_\_\_ x \$15 = \$ \_\_\_\_\_

**Total due:** \_\_\_\_\_