

# Color Me Pink

## Run/Walk

Raising funds to advance patient care and breast cancer research at the Joyce Murtha Breast Care Center.

**Saturday, October 22, 2022**

### 5K Run/1.5 Mile Walk:

Enjoy a scenic course, starting and finishing at the Joyce Murtha Breast Care Center (JMBCC). Participants will go through pink stations throughout the course; please consider wearing a white shirt or your favorite costume! Water will be offered on the course, and a police escort and ambulance protection will be available.

### Check-In:

Run 8:00 – 8:30 a.m. at JMBCC  
Walk 8:30 – 9:00 a.m. at JMBCC

### Age Groups:

10-14	40-49
15-19	50-59
20-29	60+
30-39	

### Awards:

For the 5K Run only, awards will be given to the top male and female finisher, as well as the top male and female in each age group.



Chan Soon-Shiong  
Medical Center  
at Windber

Joyce Murtha Breast Care Center

### 5K Run Details

**Registration 8:00 a.m.**

**Start Time: 9:00 a.m.**

**Location:** JMBCC

**Entry Fee:**

Before October 8 - \$25

Youth 17 and under - \$15

**After October 8 - \$30**

### 1.5 Mile Walk Details

**Registration 8:30 a.m.**

**Start time 9:15 a.m.**

**Location:** JMBCC

**Entry Fee:**

Before October 8 - \$20

Youth 17 and under - \$15

You can also register online at  
[www.windbercare.org/pink22](http://www.windbercare.org/pink22)

## Color Me Pink Run/Walk Entry Form

Check one:  5K Run  
 1.5 Mile Walk  
 Donation

Name \_\_\_\_\_

Check one:  Male  Female

Address \_\_\_\_\_

Age on event day: \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

*Waiver:* In consideration of your accepting my entry, for myself, my heirs, and my assign, I waive and release Chan Soon-Shiong Medical Center at Windber (CSSMCW), any sponsors, and any volunteers associated with the event, from any and all claims, now and in the future for any and all injuries, illnesses, losses, damages, or death in any way connected with my participation in the Color Me Pink Run/Walk on October 22, 2022. I assume all risks associated with participation, including, but not limited to falls, contact with other participants or vehicles, effects of the weather, and course hazards. I am aware participation is strenuous and may be hazardous. I verify that I am physically fit and sufficiently trained to compete in this event. This waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

Signature \_\_\_\_\_

Guardian signature if under 18 \_\_\_\_\_

All participants will receive an athletic cooling towel.

Amount enclosed: \_\_\_\_\_

Please make checks payable to:  
Windber Health Care Foundation

Return completed form to:  
Windber Health Care Foundation  
600 Somerset Avenue  
Windber, PA 15963