



AMERICAN CANCER SOCIETY RELAY FOR LIFE

Celebrate.

Remember.

Fight Back.

“Running for Hope – Run for a Cure” 5k Race

Saturday, June 18, 2016

Registration begins @ 8:00 am

Run/Walk @ 9:15 am

1k will be held prior to the 5k for grades K-6th

Wynford High School

3288 Holmes Center Rd., Bucyrus

Event Info: “Running for Hope” is a 5k charity race benefiting the Relay for Life of Crawford County. Benefits from this race will go towards providing cancer education, awareness, prevention and advocacy. If you can’t run the race, come out and cheer our runners on! We will have representatives from the American Cancer Society onsite to provide information about programs, prevention and advocacy.

Registration: Cost is \$15.00 per person before May 30, 2016 and \$20.00 day of race. The pre-paid fee includes a complimentary t-shirt. (Extra t-shirts will not be available at the race.) Refreshments will be available after the race. Attach payment & registration form (payable to “St. John’s UCC Team Care-A-Lot”) and mail to: St. John’s UCC Team Care-A-Lot, c/o Running for Hope – Run for a Cure 5k, 120 S. Lane St., Bucyrus, OH 44820 Check in and/or day of registration will be at the pop-up tents in the school parking lot.

Awards: Awards will be presented to the top male and female participants in each age category. Awards will be presented at the Relay for Life Main Stage Area after the last participant has completed the race!
Age Categories: 12-19 yrs., 20-29 yrs., 30-39 yrs., 40-49 yrs., 50-59 yrs., 60 & wiser There will also be door prizes, you must be present to win.

Please fill out all fields - each participant must have their own form:

Please make all checks payable to: St. John’s UCC Team Care-A-Lot **NO REFUNDS**

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Age: _____ Gender: M F Shirt Size: S M L XL XXL Walk Run

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Waiver: I agree that by participating in this physical activity (the “event”) or use any event facility/premises, I do so at my own risk. I assume all risk of injury, illness, damage or loss to me or my property that might result, including without limitation, any loss or theft of personal property. I consent to medical treatment in the event of injury, accident and/or illness during the event. I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge Premier Sports, American Cancer Society, East Central Division, Inc., its directors, employees and all other event sponsors, associates and volunteers from any and all claims or causes of action (known or unknown) arising out of their negligence. I acknowledge that I have carefully read this waiver and release and fully understand that it is a release of liability. By my signature, I am waiving any right I may have to bring legal action to assert a claim against any and all event sponsors and representatives for their negligence.

Signature: _____ Date: _____

(Parent/Guardian if participant under 17 years of age)

For more information on the American Cancer Society, visit www.cancer.org or Relay For Life, visit www.relayforlife.org/crawfordcounty
For more race info, contact Kara James, jamesfarms98@gmail.com