



Sunday, October 15, 2017
Edgewater Park

Race/Walk Start Time: 9:00am
Registration/Package Pick-up: 8:00am

*Special rates for Cleveland Clinic Caregivers
and their families!*

Race Features:

Tech Shirt
Light Refreshments
Raffle Prizes include
Vitamix Blenders and
Garmin Wearable
Devices!

Register Today! clevelandclinic.org/wellness5k

Cleveland Clinic Wellness 5k Run & Walk

Sunday, October 15, 2017

This family-friendly event is open to the public, and features fabulous goodies and prizes!
Please join us to celebrate health and wellness among the fall colors in our beautiful city of Cleveland!



**RAFFLE PRIZES INCLUDE
TWO VITAMIX BLENDERS
& A GARMIN WEARABLE!**

*Each participant will automatically be entered into the raffle. You must be present to collect raffle prizes.



Name: _____ DOB: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Sex: M F

E-mail Address: _____ Phone: _____

5k Run _____ 1 mile Walk _____ Shirt Size: XS S M L XL XXL

Cleveland Clinic (CCF) Employee: YES NO Family Member of CCF employee: YES NO

Pre-Registration

Online registration (www.clevelandclinic.org/wellness5k) closes on Friday, October 13 at 9am. All mailed pre-registration entries must be received by Wednesday, October 11, 2017.

- Cleveland Clinic Care Givers/Family Member: \$15
- Non Cleveland Clinic Participants: \$20
- Children 10 & Under (Race Shirt NOT Included): \$5

Race Day Registration/ Packet Pickup (starts at 8am)

- Cleveland Clinic Care Givers/Family Members: \$20
- Non Cleveland Clinic Participants: \$25
- Children 10 & under (Race Shirt NOT Included): \$5

* 5K/1 mile start time: 9:00am

* T-shirts are guaranteed to all pre-registered participants. Subject to availability on race morning

* Awards (5k only)- Awards will be given to the overall male and female and top 3 m/f winners in following age groups: 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & over

Please make checks payable and mail to:

HERMES SPORTS & EVENTS
2425 W. 11th Street Suite #2
Cleveland, OH 44113
216.623.9933

In consideration of your accepting this entry, I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Cleveland Clinic Foundation, Hermes Sports and Events, City of Cleveland, Cleveland Metroparks, their representatives, successors, and assigns for any and all injuries suffered by me in said event or in transit to and from said event. I further attest that I am physically fit and have sufficiently prepared for this event. I will additionally permit the use of my name and/or pictures in the Cleveland Clinic's publications.

Participant Signature (Parent/Guardian if under 18): _____

-OR- Register Online!
clevelandclinic.org/wellness5k

