

Rainbow Babies & Children's Hospital



Healthy Kids, Healthy Weight Run



A 5K and 1-Mile Run/Walk to benefit Healthy Kids, Healthy Weight at Rainbow Babies & Children's Hospital

Sunday, July 24, 2011

Pre-Registration

\$15 by Friday, July 22

Family Rate of \$12 each (four or more participants who live at the same address, valid for mail-in entries by July 20, ONLY)

Register online at www.hermescleveland.com

Call 216-623-9933 for more information

-OR-

Make checks payable to Hermes Sports & Events and mail with completed entry form to:

Hermes Sports & Events
1624 St. Clair Avenue
Cleveland, OH 44114

Mail-In Entries must be received by July 20.

Online Registration closes at 9:00am on July 22.

Race Day Registration / Packet Pickup

\$20 / Sunday, July 24 / 7:00am

Wade Oval, University Circle
Cleveland, Ohio 44106

Awards

5K awards will be given to the overall male and female and three deep in the following age groups:
10 & Under, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65 & Over

Start Times

Registration/Packet Pickup – 7:00am
5K – 8:30am / 1-Mile – 8:35am

A Health Expo and Raffle will follow the race.

For and in consideration of acceptance of this entry, I hereby for myself, my minor child and/or ward, my heirs, executors or administrators waive and hereby release any and all claims for damages I may have against University Hospitals Case Medical Center, Rainbow Babies & Children's Hospital, Hermes Sports & Events, City of Cleveland, University Circle Inc., their agents, employees, representatives, successors and assigns for any and all injuries and or damages suffered by me or my child in said event or in transit to or from said event. I further attest that the participant is physically fit and has prepared sufficiently to participate in this event. Additionally, I will permit the use of my name (my child's name) and/or likeness in publications by University Hospitals Case Medical Center and Hermes Sports & Events.

Signature of participant and/or participant's guardian if under 18

Name: _____ Gender: M F

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Phone: _____ Birthdate: ___/___/___ Age: ___ T-Shirt: YS YM YL S M L XL XXL

5K _____ 1 Mile _____