



# HY-5: HYLAND 5K RUN TO BENEFIT METROHEALTH

Please join us on **Saturday, May 13**, for the annual 5K Run and 1 Mile Walk in support of MetroHealth's vital role in our region.

**DETAILS:**

**Now - May 11** ..... **Pre-registration** [\$20]  
**Online** ..... [www.hermescleveland.com](http://www.hermescleveland.com)  
**By mail** ..... Hermes Sports & Events  
 2425 West 11<sup>th</sup> St., Suite 2  
 Cleveland, OH 44113

**May 12**  
**4:00-6:00PM** ..... **Packet pick-up**  
 On-site registration [\$25\*]  
**12 and under** ..... Discounted registration [\$10]  
**Activities** ..... Live band, breakfast and more!  
**Location** ..... Hyland Software  
 28500 Clemens Road  
 Westlake, OH 44145  
**Questions** ..... Call Hermes at 216.623.9933

**RACE DAY STARTING TIMES:**

**7:00AM** ..... On-site registration [\$25\*]  
**9:00AM** ..... 5K chip-timed run  
**9:05AM** ..... 1-mile walk

**AWARD CATEGORIES:**

**Top Overall Male and Female**  
**Top Overall Male and Female Masters (40+)**  
**Top 3 Male and Female in the following:**

14 and under	40-44
15-19	45-49
20-24	50-54
25-29	55-59
30-34	60-64
35-39	65 and over

\*If registering by mail or on-site, please make checks payable to Hermes Sports & Events.

**Sponsors:**



I hereby understand that upon my entry into the Hy-5: Hyland 5K Run & 1 Mile Walk, I waive any and all claim for damages that I may have against Hermes Sports & Events, The MetroHealth System, The MetroHealth Foundation, Inc. and Hyland Software Inc., promoters, sponsors, or any other parties involved in the production or this race, in regards to any and all injuries suffered by me while running, traveling to or from, or participating in this event, for myself, my heirs, and or assignors. I give full permission to Hermes Sports & Events, Inc. and their sponsors and corporate partners to use any photographs, videotapes, or other recordings of me that are made during the course of the event.

Name ..... D.O.B. .... Age ..... Sex .....

I work for  Hyland  MetroHealth  Other.....

Address.....

City ..... State ..... Zip Code .....

Phone ..... Email .....

Signature (Parent/Guardian if under 18 years) .....

Please check the event in which you are participating ::  5k Run  1 mile walk

Performance running shirt size : S M L XL 2XL 3XL 4XL [circle one]

I have enclosed an additional donation to MetroHealth in the amount of \$ .....