

**Sunday, June 11, 2017**

**MetroHealth Medical Center**

2500 MetroHealth Drive, Cleveland, OH 44109

Race Day registration and  
packet pickup begin at 7:30 a.m.  
5K & 1 Mile Walk – 9 a.m.

Advance Registration - \$30  
Race Day Registration - \$35

**RESILIENCY**  
*run*



Benefiting patients and families who receive trauma, burn, stroke and other critical care needs at MetroHealth.

Entry Form: Please complete **one form per person**. Forms must be received by **Wednesday, June 7, 2017**.

Name \_\_\_\_\_

Age on Race Day \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Gender:  M  F

Email address \_\_\_\_\_ Phone \_\_\_\_\_

Participating Event:  5-K Run  1 Mile Walk

T-shirt (adult size):  S  M  L  XL  XXL

I am a Survivor

**Questions?** Visit [hermescleveland.com](http://hermescleveland.com) or call 216-623-9933. Register online at [hermescleveland.com](http://hermescleveland.com) until 9 a.m., Friday, June 9, 2017.

Make check payable and mail with completed form to: **Hermes Sports & Events**  
2425 West 11<sup>th</sup> Street, Suite #2  
Cleveland, OH 44113

Participant Signature (Parent/Guardian if under 18 years)

\_\_\_\_\_  
I hereby understand that upon my entry into the Resiliency Run, I waive any and all claim for damages that I may have against Hermes Sports & Events, MetroHealth, City of Cleveland, promoters, sponsors or any involved in the production of this race regarding any and all injuries suffered by me while running, traveling to and from, or participating in this event, for myself, my heirs, and/or assignors. I acknowledge the awareness and complete assumption of responsibility for the risks involved in participation of this event and I understand the terms of this release. I attest that I am physically fit and have sufficiently prepared for this event. I give permission for the free use of my name and picture in MetroHealth publications or in any broadcast, telecast or print media account of this event. I also give my permission for the administration of medical aid in case of emergency.

Registration Entry is non-transferable and non-refundable.

