

Remit Payment to: 5K Run Divisions: City of Oberlin 10 & Under 40 - 44 45 - 49 11 - 14c/o: Recreation Department 15 – 19 50 - 54 36 S. Prospect St 20 - 2455 - 59 25 – 29 60 - 64 Oberlin, OH 44074 30 - 3465 - 69 440 775 7254 35 - 3970 & Over

Run: Start/Finish – Tappan Square

- ► Cost: \$20.00 per runner if registered before April 18 \$25.00 per runner day of registration
- ▶ Open to all ages
- ► Awards for age divisions
- ► T-shrits to first 100 registrants while supplies last
- ► Race day registration begins at 8:00 a.m.

| (Please Print) E a | Last Name: | | | | <u>T-SHIRT Size</u> (Please check one) Adult S |
|---|---|---|--|--|--|
| Address: | | | | | Adult M |
| City: | | State: | Zip | Code: | Adult L |
| Date Of Birth: | Age: | Sex: | Male | Female | Adult XL |
| Phone Number: | | Cell Nu | mber | | Adult XXL |
| E-mail Address: | | _ | | | |
| onsideration of your acceptance of this e agree that such activity has certain inher myself, my heirs, my executors and admit liting from any and all damage or injuries uch event. I also give permission for free knowledge I have read and fully understa | ent risks that can and do result in inj nistrators agree to release the City of s sustained while participating in Ear use of my name and picture in any | ury that can be set f Oberlin, its elect thday 5K Walk/R proadcast, telecast | rious, life limiting, and ted officials, employee un . In filling out this | I life threatening. I, the undersigned, as and volunteers from all claims form I acknowledge I am an amateur | r |

PARTICIPANT

SIGNATURE OF PARENT OR LEGAL GUARDIAN IF UNDER 18

Officials use only____ (Bib # & Chip)