RUN IT FORWARD, INC.
(A NON PROFIT ORGANIZATION)

RUN IT FORWARD'S 5K

APRIL 24, 2010
SHARON WOODS, 11450 LEBANON ROAD, CINCINNATI, OHIO
9:30 AM

PARTICIPANT PRE-REGISTRATION FORM

____ I WOULD LIKE TO REGISTER AS A PARTICIPANT - $25 FEE ($30 FEE DAY OF RACE)

***Bag pick-ups will be Friday, April 23rd @ DeSha's Restaurant, 11320 Montgomery Rd, Cincinnati, Ohio, from 3 pm to 7 pm, or on the day of the event @ Sharon Woods, 11450 Lebanon Road, Cincinnati, Ohio from 8:00 am – 9:00 am.**

***Please note that there is a $2 fee for entrance to Sharon Woods Park.**

____ I WILL ALSO BE SEEKING DONATIONS TO HELP RAISE MONEY

____ SORRY, I AM UNABLE TO ATTEND BUT WOULD LIKE TO MAKE A CONTRIBUTION

(ALL DONATIONS ARE TAX DEDUCTIBLE)

First Name: _____ **Last Name:** _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Sex (circle one) M or F Age (on race day): _____ T-shirt size (circle one): S M L XL

Telephone: _____ ☐ Run ☐ Walk

List Medical Conditions: _____

Are you (check one)?

☐ Patient ☐ Patient Family Member ☐ Patient Friend ☐ Nurse ☐ Clinician ☐ Other

Awards Given: 1st male, 1st female, 1st walker and 1st finisher under 15

_____ I have enclosed a check or money order for my registration fee/donation (Make checks payable to Run It Forward, Inc.)

Please return to :*
Run It Forward, Inc.
601 Legend Hills
Cincinnati, OH 45255-5406

*Mail –in registration should be post marked no later than Friday, April 17

Waiver: I know that running and/or walking a road race is a potentially hazardous activity. I should not enter and run or walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the course. I assume all risks associated with running and walking in this event, including but not limited to falls, contact with other participants, the effects of the weather, including low temperatures and/or wind chill, traffic and conditions of the road. All such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of this entry, I hereby for myself, heirs, executors, and administrators waive any and all claims I may have for damages against the City of Cincinnati, Run It Forward Event Management, the Multiple Myeloma Research Foundation, the Kidney Research Foundation, Steve Prescott, and all sponsors and individuals associated with the event, their representatives and successors, and assignees for any and all injuries suffered by me in connection with this event, including pre and post race activities. There will be a $20 fee for all returned checks. Sorry no refunds. One registration form per participant, please.

Participant signature* _____ Date: _____

* If participant is under 18, parent/guardian signature _____ Date: _____

In case of an emergency contact: Name _____ Phone: _____