



5K Run

5:30 p.m. | July 12, 2024
Lake Metroparks Jordan Creek Park
\$20 before June 23
\$25 June 24-July 12

- T-shirts guaranteed for all participants registered by June 23!
- Unique awards for Top 3 male/female overall and first-place male/female 12 and under, 13-19, 20-29, 30-39, 40-49, 50-59, 60+
- Finisher ribbon for all children under the age of 13!



PARTICIPANT INFORMATION *(Please complete one form per participant)*

Name _____
Address: _____ City/Zip: _____
Phone: _____ Email: _____
Date of Birth: _____ Shirt size (circle): Youth: Med Lg
Adult: XS Sm Med Lg XL XXL

PAYMENT: Register online at www.greaterclevelandxc.com! \$20 before June 23 | \$25 June 24-July 12

- Check payable to *Lake County Free Clinic* Cash
 I authorize Lake Free Clinic to charge my credit card for \$ _____:
Card # _____ Expiration Date: _____
Name on Card: _____ Security Code: _____
Type of Card: VISA Mastercard Am.Ex. Discover
 I cannot attend, but would like to make a donation of \$ _____.

I know that running or walking in a road race is a potentially dangerous activity. I should not enter and run/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 sagely complete the run. I assume all risks associated with running or walking in this event including, but not limited to contact with other participants, the effects of the weather, including high heat and/or humidity, traffic, and the 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 your accepting my entry, I for myself and anyone on my behalf: waive and release Lake County Free Clinic, the event committee, Lake Metroparks, Concord Township, Greater Cleveland XC, and all race sponsors, supporters and officials, their representatives and successors from all claims of liabilities of any kind arising out of this event for any legitimate purpose.

Signature: _____ Printed name: _____ Date: _____
Parent/guardian signature (if under 18): _____
Emergency contact name: _____ Phone number: _____

SEND COMPLETED FORM TO: Lake County Free Clinic | 462 Chardon Street | Painesville, OH 44077
Questions? Call 440.352.8686 or visit lakefreeclinic.org