Nicholas Wilson Athletic Scholarship 5K Run/Walk

Saturday July 11, 2015 8:30 am

212 Market Street, New Richmond, OH

Register Online at www.RegistrationSpot.com

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***** ELECTRONIC TIMING PROVIDED BY GHG TIMING LLC *****

REGISTER ONLINE AT www.RegistrationSpot.com

***** OR *** COMPLETE THIS OFFICIAL ENTRY FORM**

Name: _____

Address:_____

City, State,Zip:_____

Phone:_____E-mail:_____ Age on Race Day:_____

ENTRY FEE (check one)

___$30 Pre-Registration includes T-shirt ___$35 Race Day Registration, purchase T-shirt separately if available

*** AGES 11 AND UNDER *** REGISTRATION NOT REQUIRED *** WILL NOT RECEIVE BIB NUMBER ***

Race Division (circle one) 5K Run 5K Walk

Sex (circle one) Male Female

Shirt Size (circle one) S M L XL XXL

Make checks payable to: NREVSD (New Richmond Exempted Village School District)
Mail checks to: Liz Misheff, 1064 US 52 New Richmond, OH 45157

***** Pre-registration entry forms must be postmarked by Wednesday July 1, 2015 *****

WAIVER: In consideration of the acceptance of my entry, I hereby waive, discharge and release on behalf of myself, my heirs, executors and assigns, all claims of any nature, including but not limited to damages, demands, actions, whatsoever in any manner, arising from my participation in the Nicholas Wilson Athletic Scholarship 5K, and do hereby release the Village of New Richmond, GHG Timing LLC, the race director, coordinators, all sponsors, workers, officials and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all rules for participation and acknowledge that the Race Committee may refuse or return my entry at its discretion. I attest and verify that I understand the risks involved in such a run/walk, and that I am physically fit and have trained adequately in preparation and I agree to pay for my own medical expenses in the case of an accident or illness regardless of whether I have authorized such expenses. I HAVE NOTED ANY MEDICAL CONDITION on this form below. I permit the use of my name and picture participating in this event for publicity.

Relevant Medical
Conditions:_____

ENTRANT SIGNATURE:_____ Date: _____

Parent or Legal Guardian signature
for participants under age 18 _____Date: _____

Emergency
Contact_____Phone_____

***** ALL REGISTERED PARTICIPANTS WILL BE ENTERED IN DOOR PRIZE DRAWINGS !! *****