

RACE FOR RECOVERY; WALK FOR WELLNESS

SEPTEMBER 24, 2016

www.facebook.com/groups/wellness.n.recovery/

- **Registration:** 8:00am-8:45am
- **Location:** Hocking County Courthouse, 1 East Main Street, Logan, OH
- **5k Run/Walk:** 9:00 AM (children can participate accompanied by an adult; strollers are allowed)
- **T-shirts** available if you pre-register by **September 11, 2016**
- **Awards** to overall male and female and top 3 finishers in each age division.

Male/Female age divisions: 14 & under, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70+

Registration:		
Until August 15:	August 15-Sept. 11:	Sept. 12-Sept. 24:
\$20-Adult (18+)	\$25-Adult (18+)	\$30-Adult (18+)
\$10-Student (12-17)	\$15-Student (12-17)	\$20-Student (12-17)
\$5-Children (11 & under)	\$10-Children (11 & under)	\$15-Children (11 & under)

*Required fields. Please use only **ONE** name per form.

Name*: _____

Age on Race Day*: _____ Gender (circle one)*: Male Female

Street address: _____

City: _____ State: _____ Zip: _____

Email: _____

T-Shirt Size (circle one)*: Adult: S M L XL XXL XXXL

Additional t-shirts can be purchased for \$15, sizes above XL will be \$20:

S M L XL XXL XXXL

Payment method (circle one)*: Cash Check

*Checks payable to Kate Jiggins (Memo: Wellness in Recovery 5k)

Waiver: As a participant in the Race for Recovery, Walk for Wellness 5k, I for myself, my executor, administrators, heirs, devisees and assigns do hereby discharge Wellness in Recovery, the event site, their management, their officers, board members, employees, members, sponsors, volunteers, organizers, or their representatives, or their successors and all cooperating businesses and organizations from all claims of damages, demands, actions, illnesses, death and causes whatsoever in any matter arising from or growing out of my participation or that of my child in the event. I attest and verify that I am, or my child (under 18), is medically able to participate and assume all risks of participation in this event. I understand that I may be photographed, filmed or videotaped at the event. I state that I am physically fit and able to run or walk in the 5k race and I have trained sufficiently for this event. I also give my full permission for such first aid as deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

Signature*: _____ Date: _____
 (Parent or guardian signature for participants under the age of 18)

Submit form and payment to Kate Jiggins at: P.O.Box 838, Somerset, OH 43783 or register ONLINE at
www.allsportsraces.com/wellness-in-recovery-5k-run-walk.html