



St. Gertrude
5K Run to Remember

9:00 A.M. Saturday, June 10, 2017
Madeira, Ohio

*Run or walk in this special event to celebrate the lives of parishioners who have passed away

Course: A 3.1 mile loop beginning at St. Gertrude in Madeira, through Indian Hill neighborhoods, and returning to St. Gertrude.

Registration: For all entries postmarked by June 5, 2017: \$20/adult, \$15/child (18 and under) and \$60.00 per family. Includes T-shirts. For race day registration: \$20 plus an additional \$5 for T-shirt (while supplies last). Race day registration begins at 7:30 A.M. under the tent in front of the school. Shirts must be picked up before race. Register online at www.stgertrude.org

Refreshments: Water is available at the start/finish line and during the race. Bruegger's bagels and more after the race.

Awards: Awards will be presented following the race. Trophies will go to the first male and female runner and walker. Medals go to the first place finisher in each age division. Run age divisions: 10 and under, 11-14, 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70 and over. Walk age divisions: 20 and under, 21-30, 31-40, 42-50, 51-60, 61-70, 71 and over. Results will be posted at www.stgertrude.org.

Questions: Call Mark Findley at (513) 417-9227 or email at mfindley@epilepsy-ohio.org

Official Entry Form

One Entrant Per Form

First Name: Last Name:

Address:

City, State, Zip:

E-mail: Phone:

Emergency Contact Name and Number:

Age on race day: Gender: M F Category: Walker Runner

Shirt Size:
YS YM YL S
M L XL XXL

Cost: \$20 adult pre-registration* I am walking in memory of

\$15 child pre-registration* *Name will be on shirt if given by 5/26/17

\$60 family pre-registration* (include all entry forms in one envelope)

*Includes event T-shirt

Waiver: In consideration of the acceptance of my entry, I hereby waiver on behalf of myself, my heirs, executors, and assigns, all claims of any nature arising from my participation in the S.G. 5K Run to Remember, and do hereby release St. Gertrude, all sponsors, workers, officials, and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules of participation and acknowledge that the Race Committee may refuse or return my entry at its discretion. I understand the risks for such a run and have trained adequately in preparation for the event. I HAVE NOTED ANY MEDICAL CONDITION on this form next to my signature. I will permit the use of my name and picture participating in this event for publicity.

Signature: Date:

Medical Conditions:

Parent's Signature: Date:

*Required for all participants under 18 years of age.

Make checks payable to St. Gertrude and mail to Mark Findley at 2754 Senate Court, Cincinnati, OH 45244