

# Stars and Stripes

## 5K

## 5K Run & Walk Saturday, July 3, 2010



**WARREN ORTHOPEDICS  
& SPORTS MEDICINE**  
Humility of Mary Health Partners



**ST. JOSEPH  
URGENT CARE**  
Humility of Mary Health Partners

### LOCATION:

Howland High School Football Stadium

### RACE FEATURES:

- Free T-shirt guaranteed to the first 250 registered runners/walkers
- Water stations provided
- Computerized race results

### ENTRY FEES:

- 5K Run (before June 25, 2010) - \$12
- 5K Run (after June 25, 2010) - \$15
- 1 mile Fun-Walk - \$10
- Kids' 50-yard dash - FREE

### EVENTS

- Registration: 7 a.m.  
 1 mile Fun-Walk: 8 a.m.  
 5K Race Start: 8:20 a.m.  
 Kids' 50-yard Dash: Following 5K finish

### AWARDS

- 5K Run  
 Overall top three finishers male & female  
 \* 1st (\$100), 2nd (\$75), 3rd (\$50)  
 Masters (40 and Over)  
     1st \$75  
     2nd \$50

### Top 2 finishers per age group

- \* 1st (\$25), 2nd (\$20)  
 Age groups consist of:  
 12 and under 40-49  
 13-19 50-59  
 20-29 60 and over  
 30-39

Only one prize awarded to any participant  
\* Student awards presented consistent with OHSA & NCAA regulations

### Kids' 50-yard Dash

All children participating in the 50-yard dash will receive a prize.

For more information on sponsorship, call 330.306.0395 or 330.856.4151

Or write to: Stars & Stripes Run & Walk

1950 Niles Cortland Rd. NE, Suite #1 • Warren, Ohio 44484

E-mail: [stacey\\_baxter@hmis.org](mailto:stacey_baxter@hmis.org) or [christine\\_scherer@hmis.org](mailto:christine_scherer@hmis.org)

Mail to: Stars & Stripes Run & Walk  
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**ENTRY FORM**

Name \_\_\_\_\_ Male \_\_\_\_\_ Female

Address \_\_\_\_\_ Age on race day \_\_\_\_\_

T-shirt Size (Adult sizes only) S M L XL

Phone \_\_\_\_\_ Amount enclosed \_\_\_\_\_  
make checks payable to St. Joseph Health Center

Waiver: In consideration of acceptance of this entry, I hereby agree to absolve and hold harmless of blame and liability, waiving all rights and claims for damages, I, or my heirs, executors and administrators, may have against St. Joseph Health Center and its sponsors, agents, representatives, successors and assigns and others associated with this event, either singly or collectively, resulting from any injury, harm, loss, or damage, misadventure or inconvenience suffered or sustained as a result of participating in the race and its associated activities. I give my permission for free use of my name and/or photo in any broadcast, telecast or other account of this event or for promotional purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent or guardian is required \_\_\_\_\_ Date \_\_\_\_\_  
 if entrant in under age 18.