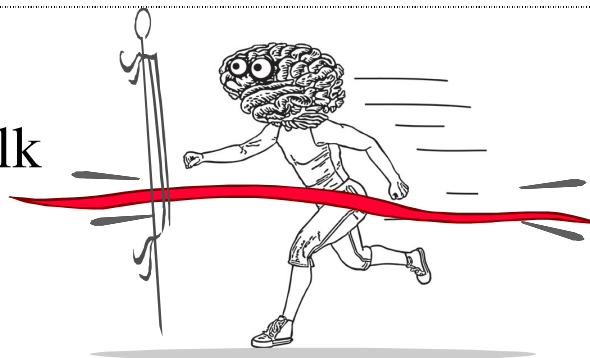


2nd Annual Spring “Brain Canter 5K” Run/Walk

Use your brain wisely and register for this event!!

*Funds raised will benefit the Brain Tumor & Neuro-Oncology
Center at University Hospitals Seidman Cancer Center*



Day/Time:	Saturday April 5th 2014; Race day registration and packet pick-up will take place between 8:00 am and 9:30 am ; The 5K Run/Walk will start promptly at 10:00 am
Location:	The race will start & finish at the Technology Building on the KSU Trumbull Campus (4314 Mahoning Ave. N.W., Warren) and will follow a fast out-and-back course down Educational Highway to Champion St. and back along scenic Lake Anne
Entry Fee:	\$15.00 if received by March 31 and \$20.00 for late registration and race day (T-shirt guaranteed to first 150 pre-registered entrants)
Registration:	See below, or simply register securely online at www.gopherarun.com Chip Timing and logistics provided by Gopher Running (Ted Rupe)!
Awards:	<ul style="list-style-type: none"> 1st Place Overall in Race for Male \$50.00!! and 1st Place Overall for Female \$50.00!! Awards for Top Three Places Male and Female in the following age groups: 14 & Under; 15-19; 20-29; 30-39; 40-49; 50-59; 60-69; 70 & Over
More Information:	Kari Crawford (deweydraa@aol.com) cell: 330.716.0082 Jason Crawford (jcrawford1976@aol.com) cell: 330.647.1455

Make Checks Payable To: University Hospitals
Note: Write “Brain Canter 5K” in memo on check

Mail bottom portion of this Form To:
Jason Crawford
4516 North Leavitt Rd.
Warren, OH 44485



**University Hospitals
Seidman Cancer Center**

Last Name _____ First Name _____
Street Address _____
City _____ State _____ Zip _____ Phone _____
Email _____

Shirt size (circle): S M L XL XXL

Sex (check): ☐ Male ☐ Female

Participation? (check): ☐ Run ☐ Walk

Age on 04-05-14: _____

Brain Canter 5K Run/Walk Event Release: I know that running a road race (Brain Canter 5k) is potentially a hazardous activity which could cause injury or death. I should not enter and run unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather including high heat, humidity and/or cold conditions, traffic and the conditions of the road, all such risks being known and acknowledged by me. I understand bicycles, skateboards, roller skates or blades, and headsets of any type are not allowed in the race and I will abide by this guideline. Having read this waiver and knowing these facts and in consideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, I hereby release Event Organizers, Jason Crawford, University Hospitals, Kent State University, its directors, officers, employees, agents, representatives, the City of Warren, Champion Township, Gopher Running and all sponsors, representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purpose.

I have read this Waiver and Release and my decision to sign this Waiver and Release is purely voluntary. I understand the legal consequences of signing this document, including my (a) assumption of all risks and the negligence of others in the Brain Canter 5K road race, (b) release of University Hospitals, the City of Warren and all sponsors, representatives and successors from any and all liability, and (c) waiver of my right to sue. I understand that this Waiver and Release shall be governed by the laws of the State of Ohio.

I understand that this Waiver and Release has been written to be as broad and inclusive as legally permitted. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read, understand and accept the terms and conditions stated herein and acknowledge that this Agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and all members of my family. ***Parent or Guardian must sign for participants under 18 yrs old**

SIGNATURE (Parent if under 18): _____ **Date** _____

Emergency Contact Name: _____ **Phone** _____
(Event is not sponsored by University Hospitals)