

The Inaugural

RUN



FAST

WINGED 5K RUN - SATURDAY, AUGUST 22, 2015

TO BENEFIT THE DUSTIN HUFFMAN MEMORIAL SCHOLARSHIP

(The Dustin Huffman Memorial Scholarship is not responsible for any lost or stolen items.)

TIME: Registration at 7:30 A.M. AT Memorial Park (Superior Avenue Entrance)

Registration will close at 8:45 AM. Day of race.

RACE STARTS AT 9:00 AM

LOCATION: Race starts and finishes at Memorial Park in Salem, Ohio

NON-REFUNDABLE: \$15.00 if received by August 20th, 2015
\$20.00 from August 21st to date of race

GET YOUR WINGS ON
Prizes for the best
"Angel Wings"

ONLINE REGISTRATION: Deadline 8/20/15 <http://gopherarun.com/>

If mailing the form please use the address below

***T-SHIRT GUARANTEED TO ALL PARTICIPANTS PREREGISTERED BY AUGUST 1st ***

30 AWARDS: 5K RUN - TOP THREE MALE; TOP THREE FEMALE; AND FIRST THREE PLACES IN EACH AGE GROUP.
(NO DUPLICATION OF AWARDS)

AGE GROUPS: MALE & FEMALE - 10 & UNDER; 11-14; 15-19; 20-29; 30-39; 40-49; 50-59 ; 60 & OVER

CHECKS PAYABLE TO: *Dustin Huffman Memorial Scholarship*

MAIL ENTRIES TO: *P. O. Box 102
Salem, OH 44460*

FOR INFO CALL: *Dave Huffman (330) 333-0102*

OR E-MAIL: RunFast@DustinHuffmanMemorialScholarship.org

WEBSITE: www.DustinHuffmanMemorialScholarship.org

Chip Timing & Scoring

Provided by: Miles of Smiles

For Team Scoring & Awards see back of this form.

POST RACE PARTY AND AWARDS FOLLOWING THE FINISH AT MEMORIAL PARK

PHOTOCOPIES OF THIS FORM ARE ALSO ACCEPTED PLEASE PRINT CLEARLY

2015 RUN FAST 5K REGISTRATION FORM

NAME / TEAM _____ MALE: _____ FEMALE: _____ (Check One)

ADDRESS: _____ AGE DAY OF RACE: _____

CITY, STATE, ZIP: _____ T-SHIRT SIZE (Circle One): S M L XL XXL

PHONE: _____ YES NO (Please circle)

EMAIL: _____ TEAM NAME: _____

Only fill in a team name if you are running on a team

RELEASE: I know that running a race is a potentially hazardous activity. I should not enter and run unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the run. I assume all risks associated with running in this event including, but not limited to: falls, contact with other participants, the effects of weather, traffic, and condition of the road, all such risks being known and appreciated by me. I am aware that the medical support for this event may be volunteers which will be prepared to administer first aid assistance. I hereby grant permission to the sponsors of the Run Fast 5K to use any photograph or any other record of this event for any legitimate purpose. 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, do hereby release, indemnify, and discharge all sponsors, service organizations, municipalities, and volunteers, their representatives and successors, from all claims of any kind arising out of my participation in this event.

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN (if under age 18): _____ DATE: _____

As parent or guardian of the above runner under age 18, I acknowledge reading the above release and agree to be bound by its terms in all respects, including, but not limited to my agreement to indemnify all sponsors, service organizations, municipalities, volunteers, their representatives, successors, and assigns from any and all claims arising from my child's participation in this event.