

# GARDEN DISTRICT NEIGHBORHOOD

1st annual

Saturday, October 6, 2012  
at 10:00 AM  
Fellows Riverside Gardens  
123 McKinley Avenue  
Youngstown, OH 44509



The proceeds from this race will benefit the Garden District Neighborhood.

*Location:* Fellows Riverside Gardens

*Time:* **5K Race/Walk** begins at 10 AM (registration begins at 9 AM)

*Awards:* First 3 Male & Female Overall; Top 3 Male & Female Masters (age 40 and over), First 3 Male & Female Age Group Finishers in the following age groups: Under 19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60 & older. Medals will be presented to award recipients. No duplication of awards.

**Early registration (by September 15) \$15**  
**Race day registration \$20**  
**Bandanas guaranteed to the first 200**  
**registered runners.**

**Chinese Auction with winners announced immediately following the race.**

Please make checks payable to: Lisa Skerkavich

Mail check & registration to: 130 Whitney Ave South Apt 1, Youngstown, OH 44509

## Garden District Neighborhood 5K Race Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_ Gender: M F

Participant Waiver: In consideration of being permitted to participate in the "Garden District Neighborhood 5K Race," I hereby for myself, my heirs, and personal representatives assume any and all risks which might be associated with the event. I further waive, release, discharge and covenant not to sue the Garden District Neighborhood Association, City of Youngstown and Mill Creek MetroParks, its officers, members, sponsors, organizers, employees or other representatives, or successors and assigns, for any injuries or damages of any kind whatsoever as a result of taking part in this event and related activities. I also agree in the use of film, photo, audio and video of my participation in the event for any purpose. In the event that the participant is a minor, the person signing does hereby certify that he or she is the parent or legal custodian of said minor and signs this waiver on behalf of said minor.

Signature (parent if under 18): \_\_\_\_\_ Date: \_\_\_\_\_