

**2025**  
**44444**  
**THE**  
**FALLS**



**LABOR DAY 4-MILE**

*Monday*

**SEP**  
**1**

CELEBRATE LABOR DAY WITH A 4-MILE RUN THROUGH THE HISTORIC COVERED BRIDGE IN NEWTON FALLS, OHIO!  
ALL PROCEEDS HELP THE NEWTON FALLS CROSS COUNTRY PROGRAM.

LOCATION: NEWTON FALLS ELEMENTARY/MIDDLE SCHOOL (905 MILTON BLVD., NEWTON FALLS, OH 44444)

START TIME: 8:00AM

ENTRY FEE: \$30. REGISTER BY AUGUST 10TH TO GUARANTEE A PARTICIPANT SHIRT.

PARKING: PARKING IS AVAILABLE AT NEWTON FALLS JUNIOR HIGH & HIGH SCHOOL  
(907 MILTON BLVD., NEWTON FALLS, OHIO 44444)

INFORMATION: REGISTER ONLINE AT [GOPHERARUN.COM/RACES](http://GOPHERARUN.COM/RACES).

COURSE: CHIP-TIMED 4-MILE ROAD RACE, STARTS/FINISHES AT NEWTON FALLS ELEMENTARY/MIDDLE SCHOOL, OUT-AND-BACK COURSE THROUGH RESIDENTIAL STREETS TO THE HISTORIC COVERED BRIDGE IN DOWNTOWN NEWTON FALLS.

RACE PACKET PICK-UP & REGISTRATION: RACE MORNING BEGINNING 7AM AT NEWTON FALLS ELEMENTARY/MIDDLE SCHOOL.

4-MILE OVERALL AWARDS: TOP THREE OVERALL MEN/WOMEN

AGE CATEGORY AWARDS: 14 & UNDER, 15-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70 & UP.

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\*PLEASE MAKE ALL CHECKS PAYABLE TO: NEWTON FALLS ATHLETIC BOOSTER CLUB\*  
\*MAIL ENTRIES TO: % CHAD RANKIN AD, NFHS, 907 MILTON BLVD, NEWTON FALLS 44444\*

NAME: \_\_\_\_\_ AGE ON RACE DAY: \_\_\_\_\_ SEX: M F  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TSHIRT: YL S M L XL 2XL (ADD \$2.00)  
EMAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

RACE WAIVER FOR ABOVE SPECIFIED EVENT I KNOW THAT RUNNING A ROAD RACE IS A POTENTIALLY 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, IN GOOD HEALTH, 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 SNOW, ICE, TRAFFIC AND THE CONDITIONS OF THE ROAD, ALL SUCH RISKS BEING KNOWN AND APPRECIATED BY ME. I UNDERSTAND THAT BICYCLES, SKATEBOARDS, ROLLER SKATES OR BLADES, ANIMALS, 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, WAIVE AND RELEASE THE RACE TIMERS AND ITS COUNTERPARTS, GOPHERARUN, THE CITY OF NEWTON FALLS, NEWTON FALLS EXEMPTED VILLAGE SCHOOLS, TRUMBULL COUNTY POLICE DEPARTMENT, NEWTON FALLS EMS, EMPLOYEES, VOLUNTEERS, 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 AFORE MENTIONED PARTIES TO USE MY PHOTOGRAPHS, MOTION PICTURES, RECORDINGS OR ANY OTHER RECORD OF THIS EVENT FOR ANY LEGITIMATE PURPOSE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*PARENT OR GUARDIAN MUST SIGN FOR PARTICIPANTS UNDER 18 YEARS OF AGE.\*