



## 2nd Annual 5K Walk/Run for Kidney Awareness

Sunday, April 26, 2009 - 10:00AM

Winton Woods Park - Harper Meadows Area

*Proceeds to Benefit the Kidney Foundation of Greater Cincinnati*

Join us at scenic Winton Woods Park to raise awareness about the dangers of kidney disease and support the Kidney Foundation of Greater Cincinnati.

Following the race, participants will enjoy refreshments courtesy of FirstWatch Restaurant and music from MAX 97.7 before awards ceremony and raffle.

Course: 3.1 miles of paved walking/running trails at scenic Winton Woods Park

Registration (includes T-shirt):

\$25 pre-registration - online ([www.runningtime.net](http://www.runningtime.net)) or by mail (must be postmarked by April 20)

\$30 day of the race - starting at 8:30AM

*Runners and walkers may also raise pledges. Use pledge form on back side.*

Age Groups:

Run - Men & Women: 14/under, 15-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70/over.

Walk - Men & Women: 29/under, 30-39, 40-49, 50-59, 60/over

Awards to top Male and Female runner and walker plus age group winners.

Directions: Take I-275 to Exit 39. Travel south on Winton Rd for approximately 3.25 miles to Lakeridge Dr and turn left (at the light). Take first left toward Harper Meadows Area. Watch for signs directing you to KFGC Registration Area.

*\*All vehicles entering the park for the race must have a valid Hamilton County Park Pass. Passes will be sold for \$2/day or \$5/year at the park entrance.\**

For more information about the Kidney Foundation of Greater Cincinnati, please visit our website: [www.kidneycincinnati.org](http://www.kidneycincinnati.org)

For more race information, contact Greg McCormick at (513) 652-6225. For complete race info, course map, directions, and online registration and results, visit: [www.RunningTime.net](http://www.RunningTime.net)

### KFGC WALK/RUN REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Age (as of 4/26/09): \_\_\_\_\_ Gender: M F Race: Run Walk T-Shirt: S M L XL (included in registration price) additional T-shirts available for purchase (\$10) at the event

I am participating on a team and/or representing a dialysis facility in the Tri-State Area

Name of team or facility represented: \_\_\_\_\_

**WAIVER:** In consideration for the acceptance of my entry, I hereby release any and all claims or causes of action which I now have or which may hereafter accrue to me against the Kidney Foundation of Greater Cincinnati, Winton Woods Park, any subsidiary or political division thereof, their respective officers, employees, agents, directors, representatives, volunteers, successors, assigns and/or sponsors (hereinafter, the "organizers") for any and all damages or injuries which I may suffer or sustain in connection with my participation in the above-described event. I make this waiver knowingly, and on behalf of myself, my heirs, executors, and assigns. In addition, if I should suffer injury or illness while participating in the above-described event, I authorize the organizers to exercise their discretion to have me transported to a medical facility, and I hereby release, on my own behalf and on behalf of my heirs, executors and/or assigns, the organizers from any and all damages that I may sustain in connection with transport, or in connection with any medical care I receive. I attest and certify that I am physically fit and have sufficiently trained for the completion of this event. Further, I hereby grant the organizers full permission to use any photographs, videotapes, motion pictures, recordings or any other record of my participation in the event for any purpose whatsoever. I understand that bicycles, in-line skates, and headphones are prohibited at this event and I agree not to make use of the same. I HAVE READ THE ABOVE AND RELEASE AND CONSENT THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

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

If under 18, signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone (or put "at race") \_\_\_\_\_

Payment Type: Check - *please make payable to KFGC and mail to address below* Credit Card - *please complete the following*

Card Type: Visa Master Card Discover American Express Name on Card: \_\_\_\_\_

CC#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I am unable to participate on this day, but I would like to make a general donation in the amount of \$ \_\_\_\_\_

Make checks payable to "Kidney Foundation of Greater Cincinnati"  
Mail to: KFGC Walk/Run, 2200 Victory Pkwy, Suite 510, Cincinnati, OH 45206

*Use reverse side to list additional pledges*



## KFGC WALK/RUN PLEDGE SHEET

Name: \_\_\_\_\_

Team Name and/or Dialysis Facility Represented (if any): \_\_\_\_\_

Sponsorships are not required but they certainly enhance our ability to assist patients and educate the community.

	Sponsor Name	Phone	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

<b>TOTAL RAISED</b>	<b>\$</b>
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Make all checks payable to KFGC.  
 Checks are tax deductible to the full extent allowed by the IRS.  
 Please attach a separate sheet for additional pledges.  
 For company matching gifts, please enclose necessary forms and information.