Run with the Knights 5K Run/Walk

Sunday, October 21, 2012 9:00 a.m.

Mt. Washington School

Join us on Sunday, October 21st at Mt. Washington School for a 5K run/walk.
Proceeds benefit the educational programing at the school.

Course: Starts and finishes at the Mt. Washington School, 1730 Mears Ave, Cincinnati, OH 45230

Run Divisions: 12/under,13-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-59, 60-69 and 70/over.

Walk Divisions: 29/under, 30-39, 40-49, 50-59, 60/over.

Awards: First Male and Female Runner and Walker, Age Divisions. Awards presented immediately following the race/walk.

Post-Race: Refreshments, Awards Ceremony, Music.

Pre-Registration: $20 for adults 13 and over.
$15 for Children 12 and under.

All entrants receive a Free T-shirt & goodie bag.

Register online: Online registration is available through Thursday, 10/18/12.

Register by Mail: Mail-in Registrations must be postmarked by Monday, 10/15/12.

Late/Race-Day Registration:$25 with shirt (if available). Includes goodie bag.

Race-Day Registration/Number Pickup: begins at 7:30 a.m. at Mt. Washington School.

For race information, contact: 363-3800
For complete information, course map, directions,
online registration and results, visit:

www.RunningTime.net

MT. WASHINGTON 5K RUN/WALK ENTRY FORM

Name: _____

Address: _____City: _____ State: _____ Zip _____

Email: _____@_____Phone: _____

Age (as of 10/21/12): _____ Sex: **M F** Race: **Run Walk** T-Shirts: Adult- **S M L XL XXL** Child-**S M L**

Total Enclosed_____

Waiver (must be signed to constitute a valid entry): In consideration of the acceptance of my entry, I for myself, my executors, administrators & assignees. do hereby release & discharge all claims of damages, demands, actions whatsoever in any manner arising out of my participation in said athletic event. I attest that I am physically fit and sufficiently trained and have full knowledge of the risk(s) involved. I also agree that I may be examined during the race by qualified personnel in the event that medical problems arise. The race officials or qualified personnel have the right to disqualify and remove me from the event, if in their opinion, I may be suffering from a health and/or life threatening condition.

Relevant medical conditions _____

Signature _____ Date _____

Parent's signature (for entrants under age 18) _____Date_____

In case of medical emergency, contact:_____ Phone (____)_____ or put "at race"

Make Checks Payable To: Mt. Washington PTO **Mail to:** **Mt. Washington School**
C/O 5K
1730 Mears Ave.
Cincinnati, OH 45230