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OUR MISSION

The mission of the National Ovarian Cancer Coalition (NOCC) is to raise awareness and promote education about ovarian cancer. The Coalition is committed to improving the survival rate and quality of life for women with ovarian cancer.

ABOUT NOCC

The National Ovarian Cancer Coalition is the nation's leading ovarian cancer public information and education organization. Since its inception in 1995, NOCC has been committed to promoting research and raising awareness about ovarian cancer in communities across the country and to providing support for women and their families struggling with the disease.



Cincinnati Ohio/
Northern Kentucky Chapter
National Ovarian Cancer Coalition
859.445.2386
www.ovarian.org 1.888.OVARIAN



Cincinnati Ohio/Northern Kentucky Chapter
National Ovarian Cancer Coalition
PO Box 428792
Cincinnati, Ohio 45242



NOCC Cincinnati Ohio/
Northern Kentucky Chapter presents

The 3rd Annual



RUN/WALK TO
BREAK THE SILENCE ON
OVARIAN CANCER

Premiere Sponsor
PUREOLOGY
serious colour care

**Updated
Information!**

**5K run/walk to benefit
ovarian cancer awareness**

SATURDAY, SEPTEMBER 26, 2009

Lunken Airport Playfield
Cincinnati, Ohio



Learn more about ovarian cancer! Join us, or visit us at www.ovarian.org

NOCC'S RUN/WALK TO BREAK THE SILENCE ON OVARIAN CANCER



The Event

We invite you to participate in our 3rd annual 5K run/walk non-competitive event to benefit ovarian cancer awareness. There are no age divisions for the run or walk.

All paid participants will receive a FREE T-Shirt. We'll also have a survivor tent, a group survivor photo, food and beverages.

There will be a raffle/silent auction after the race. Participants will have an opportunity to view items and bid prior to the start of the race.

Walk individually or consider creating a team!

Registration

Online pre-registration is available at <http://nocc.kintera.org/OHKY>. The link for online registration is available on the OH/KY page at www.ovarian.org.

To pre-register by mail, please complete the attached registration form and mail it by September 18th.

All pre-registered runners/walkers should check in at the "Pre-Registration" area on the day of the run/walk.

You may also **register the day of the event** for \$30 at Lunken Playfield beginning at 8:30 am.

Pledges and Donations

Pledges and donations are very much appreciated and can be submitted (checks or cash) onsite on the day of the event or by mail.

Pledges and donations can **also** be submitted after the run/walk. Please make sure that all pledges and donations include your name as the walker they're sponsoring.

Please check with your human resources department at work to apply for corporate matching funds!

We're grateful to our many sponsors for their support...



Schedule

8:30 am - day of event registration/check-in

9:30 am - opening ceremony and survivor recognition

10:00 am - run/walk begins

Raffle numbers posted following the run/walk finish.

Directions and Parking

Lunken Playfield is located at Lunken Airport in Cincinnati on Wilmer between Beechmont Avenue and Kellogg Avenue. Turn onto Play Field Lane and look for the Spirit of '76 Shelter on the right. Google/Mapquest address: 4744 Playfield Lane, Cincinnati, OH 45226.



2008 Memory Tree



NOCC'S RUN/WALK TO BREAK THE SILENCE ON OVARIAN CANCER

Pre-Registration Entry Fees:

Adults \$25.00
Children 12 and under \$8.00
Children 5 and under free

Day of Event Registration Entry Fees:

Adults \$30.00
Children 12 and under \$12.00
Children 5 and under free

To pre-register by mail, please send the completed registration form and check made payable to NOCC to: **NOCC, PO Box 428792, Cincinnati, OH 45242** (Postmarked by Sept. 18, 2009)
Please turn in your pledge sheet and pledges when you check in at registration the day of the run/walk.
Note: Everyone who participates in the run/walk must fill out and sign a registration form.
Photocopies of registration form accepted.

Name - all runners/walkers must sign at bottom* First Last	Address - Street, City, State, Zip Please check if this is a new mailing address. <input type="checkbox"/>	Email Address	Shirt Size circle one	Run or Walk	Age	Phone	Survivor (✓)	Fee
1.			S M L XL XXL					
2.			S M L XL XXL					
3.			S M L XL XXL					
4.			S M L XL XXL					
5.			S M L XL XXL					
6.			S M L XL XXL					

I am unable to participate in the run/walk, please accept my donation to the NOCC Donation:

Registration Fee(s):

Total Donation and Registration Fee(s)

Total payment enclosed:

- All registered entrants will receive a FREE T-Shirt.
- You will not receive a confirmation that you are registered unless you register online.
- All Survivors will receive a Special T-Shirt.
- In the event the run/walk is cancelled, entry fee is non-refundable.

THIS IS AN ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY. BY SIGNING BELOW, I AM AGREEING TO RELEASE NOCC AND CITY OF CINCINNATI AND RUNNING TIME, LLC FROM LIABILITY, AND HAVE THEREFORE READ IT CAREFULLY. I, the undersigned, for myself, my heirs, executors, administrators and assigns (on behalf of the minor named below, the "Minor"), understand and assume the risks involved with the "NOCC Walk to Break the Silence on Ovarian Cancer" Event, including pre and post activities (hereinafter the "Event"), and do hereby release, discharge, indemnify and hold harmless the NOCC, its officers, directors, employees, volunteers, agents and sponsors ("NOCC") from any and all claims, demands, judgments, actions and/or causes of action of any kind or character for any injuries, death, or damages of any kind, arising out of my (the Minor's) participation in the Event. I attest and verify that I am (the Minor is) physically fit to participate in the Event, and that there are no medical conditions to prevent me (the Minor) from participating herein. In the event of my (the Minor's) injury, illness or emergency during the event, I authorize (1) any medical treatment by medical personnel, including hospitalization, sought by NOCC for me (the Minor), and (2) NOCC or said medical personnel to arrange/provide any necessary transportation for such medical treatment. The NOCC, its agents, sponsors and/or news organization will be photographing and videotaping this event. I agree that any photographs, videotapes, recordings of any kind or other images containing my likeness (or the Minor's) are the sole property of NOCC or the photographer. I hereby authorize the NOCC, its agents, sponsors, and/or news organizations to use or publish said images for news accounts, publicity or promotional purposes or for any other lawful purpose through any form of media whatsoever.

*all participants' signatures (if under 18, parent's signature)

date

1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

