

16th Egg Nog Jog 5K Run/Walk

Mt. Adams - Saturday, December 1, 2007 10:00 a.m.

Come to Mt. Adams and join us for this holiday tradition. Scenic and challenging course begins at Jerome and St. Gregory and winds through Mt. Adams and Eden Park offering spectacular views of the city.

Entry Fee: \$10 pre-registration. \$15 Race-day

Long-sleeve T-shirts: available:

\$12 with pre-registration.

\$15 Race-day (if available).

Pre-registration deadline: Postmark by Saturday, Nov. 24th.

Race-Day Registration: Begins at 8:30 am - 9:45 am.

Online registration: is available through Thursday, Nov. 29th.

Run Divisions: 15/under, 16-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69, 70+.

Walk Divisions: 19/under, 20-29, 30-39, 40-49, 50-59, 60+

Awards: Top Male and Female runners and walkers and top 15% in each division.

Awards ceremony: Join us at the Koka Coffee Shop after the race for egg nog, food, drink and fun.

Directions: Koka Coffee (race-day headquarters) is located at 1101 St. Gregory, Mt. Adams

Note: All registrations that include an email address will receive a pre-race confirmation and individual results mailing post-race.



For complete information, directions, online registration and results, visit:

www.RunningTime.net

Or:

Call Greg McCormick 513.652.6225

Egg Nog Jog Entry

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Email: _____ @ _____

Age (as of 12/1/07) _____ **Sex:** _____ **Race:** ___Run___ Walk **T-shirt:** S M L XL (\$12 each)

Waiver: In consideration of the acceptance of my entry, I hereby waive, discharge and release on behalf of myself, my heirs, executors and assigns, all claims of any nature, including but not limited to damages, demands, actions, whatsoever in any manner, arising from my participation in the Egg Nog Jog, and do hereby release the Egg Nog Jog, coordinators, staff, sponsors, workers, officials and volunteers from any claim whatsoever arising from my participation in this event. I agree to abide by all the rules for participation, and acknowledge that the Egg Nog Jog may refuse or return my entry at its discretion. I attest and verify that I understand the risks involved in such a run/walk, and that I am physically fit and have trained adequately in preparation and I agree to pay for my own medical expenses in the case of an accident or illness regardless of whether I have authorized such expenses. **I have noted any medical condition and/or emergency contact information on the back of this form.** I permit the use of my name and picture participating in this event for publicity.

Relevant medical conditions: _____

Signature _____ Date: _____

Parent's Signature (for entrants under age) _____ Date: _____

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

Make Checks Payable to: "Egg Nog Jog". **Mail to:** Greg McCormick, 10119 Crosier Lane, Cincinnati, OH 45242