



# 5K Run + 1-mile walk

8:30 a.m. | June 19, 2022

Lake Erie Bluffs

\$20 before June 3

\$25 June 4-19

PRESENTED BY ORBIS CORPORATION



- Fast, stroller- and pet-friendly course!
- Prizes and giveaways!
- T-shirts guaranteed for all participants registered by June 3!

### PARTICIPANT INFORMATION *(Please complete one form per participant)*

Name \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Shirt size (circle): Youth: Sm Med Lg XL XXL  
Adult: Sm Med Lg XL XXL

### PAYMENT: Register online at [www.greaterclevelandxc.com](http://www.greaterclevelandxc.com)! \$20 before June 3 | \$25 June 4-19

- Check payable to *Lake County Free Clinic*       Cash
- I authorize Lake Free Clinic to charge my credit card for \$ \_\_\_\_\_:

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Type of Card: VISA      Mastercard      Am.Ex.      Discover

- I cannot attend, but would like to make a donation of \$ \_\_\_\_\_.

I know that running or walking in a road race is a potentially dangerous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to sagely complete the run. I assume all risks associated with running or walking in this event including, but not limited to contact with other participants, the effects of the weather, including high heat and/or humidity, traffic, and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I for myself and anyone on my behalf: waive and release Lake County Free Clinic, the event committee, Lake Metroparks, Perry, Greater Cleveland XC, and all race sponsors, supporters and officials, their representatives and successors from all claims of liabilities of any kind arising out of this event for any legitimate purpose.

Signature: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature (if under 18): \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_

SEND COMPLETED FORM TO: Lake County Free Clinic | 125 E. Erie St. lower level | Painesville, OH 44077

Questions? Call 440.352.8686 or visit [lakefreeclinic.org](http://lakefreeclinic.org)