

**CLASSIC**

**LEXUS**  
EXPERIENCE AMAZING

VELO SANO |  Cleveland Clinic

**100% for the cure**



**Classic Lexus Welcomes You and Your Family to this Great Event!**

Classic Lexus, Willoughby Hills Family Health Center & the City of Willoughby Hills present the 9th Annual

# Classic Willoughby Hills 5K Run/Walk

**Sunday, October 8th, 2023** • A special event for the whole family

### PLACE

The run and walk will depart from:  
**Classic Lexus**  
2551 SOM Center Road  
Willoughby Hills, Ohio 44094

### Family activities!

### PARKING

**Willoughby Hills Family Health Center**  
2570 SOM Center Road  
Willoughby Hills, Ohio 44094

Walk across the street to Classic Lexus

### TIME

**8am** - Registration and check-in  
**9am** - Run begins, followed by walk  
5K run & 1 mile walk

### FEES

**5K Run:** \$20 registration for each individual participating

**1 Mile Walk:** \$20 registration for each individual participating, no charge for any pets!

### Register:

In person at Classic Lexus or online at:  
[www.greaterclevelandXC.com/classic](http://www.greaterclevelandXC.com/classic)  
or [www.classiclexus.com](http://www.classiclexus.com)

### Prize Contest for best dog costumes!

**Proceeds to benefit:**  
**Harvest for Hunger/St. Noel's Food Pantry & Velosano**

**Everyone who brings a canned good on race day will receive a FREE GIFT and help the fight against hunger!**

### AWARDS

Awards provided to top overall female and male runners. Runners in the top three in each of the following age groups (male and female): 15 and under\*\*, 16-22, 23-30, 31-39, 40-49, 50-59, 60+  
\*\*(children must have adult supervision at all times)

**T-Shirts guaranteed for the first 200 registrants. Refreshments will be available for the walkers & runners at the end of the event.**

### SCAN & REGISTER!



City of Willoughby Hills

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

*In consideration of your accepting this entry, I hereby for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages I may have against the Cleveland Clinic, Classic Lexus, Second Sole, and the City of Willoughby Hills, their representatives, successors, and assigns for any and all injuries suffered by me in said event or in transit to and from said event. I further attest that I am physically fit and have sufficiently prepared for this event. I will additionally permit the use of my name and/or pictures in the Cleveland Clinic's publications.*

Signature \_\_\_\_\_

M  F Age \_\_\_\_\_

5K Run  1-Mile Walk

T-shirt size size (adult):

S  M  L  XL  XXL



**SEND ENTRY FORM & MAKE CHECKS PAYABLE TO: CLASSIC LEXUS**

**SECOND SOLE**  
8791 Mentor Avenue  
Mentor Ohio 44060  
440-290-0185



**#classiclexus5k**