

SUPERHERO 5K

HOSTED BY SOPCHAK NATURAL HEALTH & WELLNESS CENTER
PROCEEDS BENEFIT CAMP SUE OSBORN

SUNDAY, JULY 28 • 8:30AM

REGISTRATION INCLUDES:

T-SHIRT & MEDAL (first 150 registered) • GOODIE BAG • PANCAKE BREAKFAST

Please print legibly and complete the entire entry form. More than one entry may be mailed together with the appropriate fees. Please make all checks and money orders payable to "Sopchak 5K."

First & Last Name: _____

Age on Race Day: _____ Date of Birth: _____ Male Female

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

T-Shirt Size (shirts only guaranteed for first 150 registrants): Adult S Adult M Adult L Adult XL

5K Run: \$30.00 Entry Fee Thru 7/21 • \$35.00 Week of Race Thru 7/27 • \$40.00 Day of Race

Registration begins at 7:30 AM race begins at 8:30 AM. A pancake breakfast will follow after the race for all participants.

Race Waiver: I, individually, (and/or as parent, and/or guardian of the named minor) for and in consideration of acceptance of this entry in the aforementioned event, do hereby release, remise, waive, and forever discharge Sopchak Natural Health and Wellness Center, the City of Painesville and Concord Twp., and any/all other supporting groups of this said racing event, together with all their officers, agents, officials, and employees, from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of, or relating to any injury, illness, loss, or damage, including death, relating to participation in the aforesaid event. I further state I am in proper physical condition to participate in this event. In addition, I agree that my participation in this event requires that I will not participate with rollerblades, skateboards, or anything which the race director deems dangerous to myself or other participants and that the race director may remove me from this event for a violation of said policy. I further grant permission to this race and the organization conducting the race and/or agents authorized by them to use any photographs, videotapes, motion picture recordings, and any other record of this event for any purpose. I also agree that all entry fees are non-refundable and that this entry is non-transferable. Thank you for participating.



Signature: _____ Date: _____

Parent/Guardian Signature, if under age 18: _____

SEND COMPLETED ENTRY FORMS TO:

Sopchak Natural Health and Wellness Center • 7555 Fredle Drive Suite 230 • Concord Twp., OH 44077

THANK YOU SPONSORS

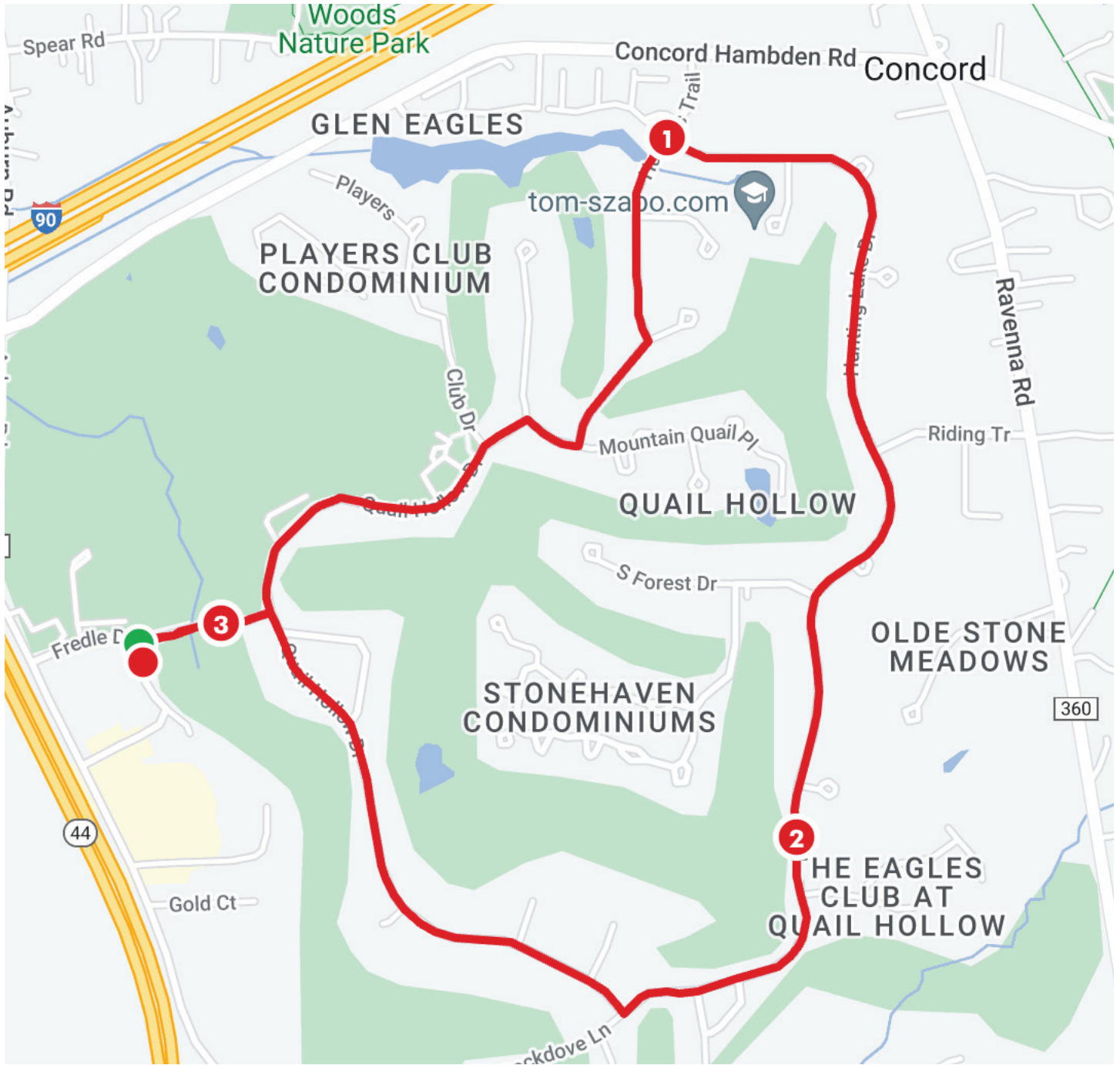
GCXC Race Time Management
EPIC Agency
Fit 4 Life

Bremec Garden Center
The Goddard School
Concord Orthodontics
KeyBank

Knez Homes
Standard Process
First Federal Bank
Illumin8

Lanigan HVAC
Spring Lake Nursery
Lassiter & Son

RACE MAP



Elevation

Start 935 ft Max 1,007 ft Gain 138 ft

