

Super Hero 5K

Hosted by



Sunday, July 28th 2024 @ 8:30 AM

Registration Includes:

- T-Shirt (first 150 registered)
- Medal (Top Finishers & Age Groups)
- Goodie Bag
- Pancake Breakfast

COME DRESSED UP IN YOUR FAVORITE SUPERHERO COSTUME!



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: _____ ZipCode: _____

Telephone: (____) _____ - _____ E-mail: _____@_____

T-Shirt Size (shirts only guaranteed for first 150 registrants): **5K Run: \$30.00 Entry Fee Thru 7/21**
 Adult S Adult M Adult L Adult XL **\$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 roller blades, 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

