



SIXTH ANNUAL



NORTHERN OHIO MARATHON + HALF MARATHON

HEADLANDS BEACH STATE PARK

Sunday, October 7, 2018

Headlands Beach State Park Mentor, Ohio
(30 minutes East of Cleveland)

Course • Flat • Fast • Scenic • BQ

5-Person Marathon Relay

Distances: 5 mi, 4.5 mi, 6 mi, 6 mi, 4.5 mi



For more information visit: <http://www.lakehealthrunning.com>

Race: Marathon	Entry Fee: <input type="checkbox"/> \$26.20 thru 09/01/18	<input type="checkbox"/> \$40 thru 10/01/18	<input type="checkbox"/> \$50 thru 10/06/18	<input type="checkbox"/> \$80 race day
Half Marathon	<input type="checkbox"/> \$40 thru 09/01/18	<input type="checkbox"/> \$50 thru 09/01/18	<input type="checkbox"/> \$60 thru 10/01/18	<input type="checkbox"/> \$80 race day
Marathon Relay (5 person)	<input type="checkbox"/> \$125 thru 09/01/18	<input type="checkbox"/> \$150 thru 09/01/18	<input type="checkbox"/> \$175 thru 10/01/18	<input type="checkbox"/> \$200 race day

(please mail in 5 sheets, 1 form per runner)

First Name _____ Last Name _____

Relay Team Name _____

Email _____ Zip _____ Age on race day _____

Gender: Male / Female T-shirt size: S M L XL XXL (gender specific) Start Time: 7:30 am

I accept that I compete in this event at my own risk and I hereby waive and release the event, Northeast Running Club, Lake Health, Greater Cleveland XC, Second Sole Mentor, City of Mentor, Village of Grand River, Mentor-on-the-Lake, Headlands Beach State Park, Lake County Sheriff's Department and any city or village, sponsor, officer, and member of said organization, their representatives, successors, assigns, and any individuals who are in any way connected with this event from all rights and claims for any accident, injury, or loss suffered as a consequence of my participation.

Signature: _____ (Parent or Guardian Signature Required if Under 18)

Please make checks payable and send to:
Greater Cleveland XC
c/o NOM
8791 Mentor Ave.
Mentor, OH 44060

