## Thanksgiving Day 5K Run/Walk - November 26, 2015 In Memory of Loryn Cassady

## All proceeds will go to the "Loryn Cassady Memorial Scholarship Fund"

• Registration: 7:00-8:40 AM

Pre-registration: \$20 – Adult (18+)

- Location: North Fitness Center, 4 East Main Street, Logan, OH.
- Fun Race (children 11 & under): 8:40 AM

\$10 - Student (12-17)

- **5K Run/Walk:** 9:00 AM (children can participate accompanied by an adult; strollers are allowed)
- T-shirts available if you pre-register by NOVEMBER 18, 2015.
- Awards to overall male and female and top 3 finishers in each age division. (Timing provided by Ohio Race Day)

Day of Race Registration: \$25 - Adult (18+)

\$15 – Student (12-17)

Male/Female age divisions: 11 & under, 12-17, 18-25, 26-30, 31-35, 36-40, 41-45, 46-50, 51-60, 61+

\$5 - Children (11 & under) \$10 - Children (11 & under) \*Required fields. Please use only **ONE** name per form. Age on Race Day\*: \_\_\_\_\_ Gender (circle one)\*: Male Female Street address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_ T-Shirt Size (circle one)\*: Adult: S XL XXL XXXL M M Child: S Payment method (circle one)\*: Cash Check \*Checks payable to the Logan-Hocking Local School District. (Memo: Loryn Cassady Memorial Scholarship Fund) Waiver: As a participant in the North Fitness Center Thanksgiving Day 5k, I, for myself, my executor, administrators, heirs, devises and assigns do hereby discharge North Fitness Center LLC, the event site, their management, their officers, board members, employees, members, sponsors, volunteers, organizers or their representatives, or their successors and all cooperating businesses and organizations from all claims of damages, demands, actions, illnesses, death, and causes whatsoever in any matter arising from or growing out of my participation or that of my child in the event. I attest and verify that I am, or my child (under 18), is medically able to participate and assume all risks of participation in this event. I understand that I may be photographed, filmed or videotaped at the event. I state that I am physically fit and able to run or walk in the 5k race and I have trained sufficiently for this event. I also give my full permission for such first aid as deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment. Signature\*:\_\_\_ Date:\_\_\_\_

Submit form and payment to Shaun North at: North Fitness Center, 4 East Main Street, Logan, OH 43138 or register ONLINE at http://ohioraceday.com/races/cassady/

(Parent or guardian signature for participants under the age of 18)