

Corporate Sponsors



meijer



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Runner Registration Form

Join us for our annual walk/5K run that celebrates Life,
at the B&O Lexington bike trail near the
ball fields in Lexington Ohio.

On Saturday June 27th, 2015 at 9:00 a.m.

This event / fundraiser
will benefit Richland Pregnancy Services and provide services to
young women & men facing an unplanned pregnancy

Registration begins at 8:30 a.m.

Trophies to first male & first female runner overall and medals to the top male & female
in each age group (≤19, 20-29, 30-39, 40-49, 50-59, ≥ 60).

Entry fee for runners is \$25 for their pre-registration if received by June 20th.

\$30 late registration fee, after June 20th.

Online registration available at donor.richlandpregnancy.com.

Please Print Clearly

- RUNNERS REGISTRATION FORM -

Name _____ Age as of 6-1-2015 _____ Male or Female

Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

T-Shirt Size Circle One: Child S M LG Adult S M LG XI XXL Circle: 5K run

I want to save babies lives and help expectant mothers by adding this donation: \$5 \$10 \$15 \$20 \$25

Signature of runner or guardian if under 18 years of age: _____

Make checks payable to Richland Pregnancy Services and mail to 1560 West Fourth Street, Mansfield OH 44906

Register online at donor.richlandpregnancy.com

In consideration of you accepting this entry, I, the participant, intending to be legally bound and hereby waive or release any and all right and claims for damages or injuries that I may have against the Event Director, and all of their agents, volunteers & staff assisting with the event, sponsors and their representatives and employees for any and all injuries to me or my personal property. This release includes all injuries and/or damages suffered by me before, during or after the event. I recognize, intend and understand that this release is binding on my heirs, executors, administrators, or assignees.

I certify as a material condition to my being permitted to enter this race that I am physically fit and sufficiently trained for the completion of this event and that my physical condition has been verified by a licensed Medical Doctor. By submitting this entry, I acknowledge (or a parent or adult guardian for all children under 18 years) having read and agreed to the above waiver. **My Signature** _____