



# Howl of a Good Run 5K

October 20, 2018 at 6:30 pm at  
Ontario High School  
467 Shelby-Ontario Rd.  
Ontario OH 44906



## Registration Form (\$20 per registrant)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Age on race day: \_\_\_\_\_ Gender:  Male  Female

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

T-shirt size:  XS  S  M  L  XL  
 XXL  3XL (add \$2 for these larger sizes)

Online registration available at [www.ohioraceday.com](http://www.ohioraceday.com)

## Liability Waiver

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 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 also authorize the use of photographs or videos that include my image for promotional, informational, or other reasons deemed to be in the best interest of the event.

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent(If under 18): \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions regarding the race, please email [howlofagoodrun5k@gmail.com](mailto:howlofagoodrun5k@gmail.com).