

Anderson Hills KIWANIS 5K RUN & WALK

At Anderson Days

Saturday July 25, 2009

Registration 7:45 am

Race starts 9:00 am

Beech Acres Park

(6910 Salem Ave., Anderson Twp.)

Awards and door prizes!

Run - Men & Women: 14/under, 15-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64, 65-69 and 70/over;
Walk - Men & Women 29/under, 30-39, 40-49, 50-59, 60/over

Registration Form Please print— one individual entry per form. Copy as needed.

For more information visit—www.andersonkiwanis.com

First name _____ Last name _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Work/Cell _____

E-mail _____

Age _____ Gender: Male _____ Female _____ Division: Walk _____ Run _____

Shirt: S M L XL XXL XXXL

Pre-Registration guarantees a shirt.

Pre-Registration Deadline: post-marked by 7/19/09

Any known medical condition(s) _____

PRE-REGISTRATION COST INCLUDES T-SHIRT (Cost is **\$25.00** on Race day) \$ **20.00**

Make Check or Money Order payable to: *Anderson Hills Kiwanis* Total \$ _____

Mail to: Anderson Hills Kiwanis, P.O. Box 54328, Cincinnati, OH 45254

WAIVER: In consideration of the acceptance of my entry. I hereby waive on behalf of my heirs, executors and assigns, all claims of any nature arising from my participation in the Kiwanis 5K Run/Walk and do hereby release the coordinator, Greg McCormick, the Anderson Hills Kiwanis, the Anderson Park District and their boards, staff, and all sponsors, workers, officials, and volunteers and all property owners along the race route from any claim whatsoever. I agree to abide by all the rules for participation and acknowledge that the race committee may refuse or return my entry at its discretion. I understand the risks for such an event, and have trained adequately in preparation. I have noted any medical conditions on this form. I also authorize the race coordinator, Steve Prescott, AHK, APD to publish any pictures taken before, during and after the event for which I've registered.

Registrant's signature _____ **Date** _____

Parent signature also required for those under 18 _____

In case of medical emergency contact _____ Phone _____

