



5K Graduation Fun Run/Walk



in memory of Brock Johnson, Class of 2019

April 27th, 2019

**BROCKSTRONG
FOUNDATION**



"EVERY DAY IS A GIFT"

8:00am Registration-----9:00am Start

Proceeds Benefit The BrockStrong Foundation

Event Location: Canal Winchester High School

300 Washington St., Canal Winchester, Ohio 43110 (Meet at the track)

PLEASE COMPLETE THE FOLLOWING APPLICATION AND MAIL IT WITH YOUR

CHECK PAYABLE TO: **CW Graduation Fun Run** (please do not send cash)

MAIL ENTRIES TO: 5K GRADUATION FUN RUN/WALK, 25 E. MOUND ST. CANAL WINCHESTER, OH 43110

Mailing Address:

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Date of Birth: ____/____/____

Sex (Circle One): M F

Entry Fees:

Adults 18 and over- \$20

Students 12-18- \$15

Children 11 and under- \$10

Please Read and Sign the Participation Waiver Below

I know that running [volunteering for] a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road and all such risks being known and appreciated by me. Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release FHHS, Southwestern City Schools, the city of Columbus and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

Signature (parent or guardian required if under 18) _____

Date _____

Questions? Please call Scotty Garner at 614-906-8239 or email at aarronscottgarner@gmail.com