

## 5K Run & Walk April 27, 2019

Proceeds will benefit Constellation Schools Scholarship Foundation

## at Cuyahoga Community College Western Campus

11000 West Pleasant Valley Rd, Parma 44129

## **Race Day Event Schedule**

7:30 am—Race Day Registration and Pick Up

**9:00 am**—5K (3.1 miles) Run/Walk

NO Regular Strollers or Bicycles Permitted Jogging Strollers Allowed

**9:15 am**—1 Mile Walk

**10:00 am**—Kids Fun Run (10 & Under)

**10:15 am**— Awards

Top Overall Male & Female \$100 each Non-Cash Prizes for Top Male & Female in Each Age Category Awards Please circle the following categories that apply to you. 14 & Under 15-19 20-29 30-39 40-49 60 & Over 50-59 Constellation Student **Constellation Parent** Constellation Staff 5K Run/Walk 1 Mile Walk **Entry Fees:** Please specify in which event you are participating & your shirt size) **Pre-Registration:** (If received by April 19th) S20 Adult **□** \$10 Child (14 & Under) **Registration:** (Race Day) **□** \$25 Adult  **\$12 Child (14 & Under ) ☐** Kids Fun Run− \$2.00 (10 & Under)  ${m Family \, Discount:}$  All registrations must be submitted in the same envelope. Only applies to members living in the same household. Family Pre-Registration: \$50.00 (If received by April 19th) Family Registration: \$60.00 (Race Day) T-Shirt Size (included in registration for 5K and 1 Mile Walk) Additional T-Shirts may be purchased for \$5 each. Please specify quantity & size. ΥM YL AS AM ΑL **AXL** ΥM AM ΑL **AXL** Make Checks Payable to Constellation Schools 5K~ Please send entry to: Constellation Schools 5K, 5730 Broadview Rd, Parma, OH 44134 Waiver: In consideration of your acceptance of this entry and my participation in the Constellation 5K, 1 Mile Walk and Kid Fun Run, I hereby waive any and all claims for myself, my heirs, and/or assigns against DMC Timing and Constellation Schools LLC, Constellation Schools: Parma Community and any other sponsors, cooperating or coordinating groups or individuals associated with or involved in this event and will hold them harmless for any illness or injury suffered by me as a result of, or related to, my participation in this event, including serious bodily injury, permanent disability, paralysis and death. Further, I certify that I am an amateur runner and physically fit for this event and understand the risks involved in my participating in this event and I hereby knowingly and willingly accept those risks. Additionally, I give my permission to Constellation Schools LLC, their sponsors and corporate partners and the media to use my name and any photographs, videotapes, audiotapes or other recordings that

are made during the course of this event. I further agree that if, despite this release, waiver of liability, and assumption of risk, I or anyone on my behalf, makes a claim against releases, I will indemnify,

Male / Female

City

Phone

Age

Zip

save, and hold harmless each of the releases from any loss, liability, damage or cost which may be incurred as a result of such claim.

Signature (If under 18 parent/guardian signature)

Name

Address

E-mail