

Run For Healing

5K Race & 1 Mile Youth Run



Sunday, August 1st 2010

Kyle Park, Tipp City OH

Youth 1 Mile Run: 8:00 am

5K Run: 8:30 am



www.runforhealing.com

5K Race

1 Mile Youth Run

Awards For The Top Three Men and Women In The Following Categories:
 14 and under, 15-18, 19-24, 25-29, 30-34, 35-39, 40-44, 45-59, 60-64, 65-69, 70 and over
 Average Team Time (2 or more runners)

Cost: \$20 with T-Shirt / \$15 without T-Shirt - Registered By 7/16/10
 Late Registration / Same Day Registration - \$25 (no T-Shirt guaranteed)

Participant Ribbons For All Runners Medals For The Top Three Girls and Boys In The Following Categories:
 6 and under, 7-8, 9-10, 11-12

Cost: \$15 with T-Shirt / \$10 without T-Shirt - Registered By 7/16/10
 Late Registration / Same Day Registration - \$20 (no T-Shirt guaranteed)

Thank You To Our Business Sponsors

Become A Run For Healing Individual Sponsor For Only \$25

- Name Or Message On Back Of T-Shirts (Up To 20 Letters)
- Tax Deductable Contribution To Legacy Of Healing

All proceeds go to Legacy Of Healing – A Medical Missions Organization dedicated to sending medical mission teams worldwide to promote and enhance physical and spiritual health and healing. www.legacyofhealing.org

 Last Name

 First Name

 Male / Female

 Address (Number, Street, City, State)

 Date of Birth

 T-Shirt Size (YS, YM, YL, S, M, L, XL)

 Race (5K or 1 Mile)

 Solo / Partner / Team

 Individual Race Sponsor (yes or no)

 Name or Message (Up To 20 Letters)

Waiver of Liability: In consideration of the acceptance of my entry, I for myself, my executors, and assignees, do hereby release and discharge Legacy of Healing, the City of Tipp City, Monroe Township and the assignees and sponsors for claims of damages, demands, actions whatsoever in any manner arriving or growing out of my participation in said athletic event. I attest and verify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate in this event. I also grant Legacy of Healing the right to use my photograph or image taken as a result of my participation in the above listed programs with or without my name.

Signature _____ **Date** _____
 Parent Signature If Under 18

Make Checks Payable to: Legacy of Healing.
 Mail to: Legacy of Healing, Attn: Michelle R. Bruns, 2243 State Route 716, Maria Stein, Ohio 45860