



WHO: Kettering College presents its fourth annual Spring Into Health 5K run/walk, benefiting Dayton’s Good Neighbor House (75%) and the College’s Physician Assistant Student Professional Development Fund (25%)

WHAT: 5K (3.1 miles) fun run/walk



WHEN: Sunday, April 15, 2 p.m. Registration begins at 1 p.m.

WHERE: Kettering College, 3737 Southern Blvd., Kettering, OH, 45429. **No strollers or pets, please.**

COST: Pre-registration until Wednesday, April 4, is \$25. Race day registration is \$30. *Kettering College students may register for the reduced cost of only \$15 but must do so IN PERSON at the college front desk or PA clinical office.* Make checks payable to: **Kettering College Clinton-Trott Society.** T-shirts for the first 250 registered.

Register online at www.speedy-feet.com or mail the signed registration form below (with payment) to:

**Spring Into Health 5K
Attn: Lona Blake
PA Clinical Office
Kettering College
3737 Southern Blvd.
Kettering, OH 45429.**

**New course for 2012!
Visit www.KC.edu/5K for a
course map & more
information.**

QUESTIONS? Call Lona Blake at (937) 395-8601 ext 55650.

PRIZES: Overall male & female; male/female 1st, 2nd, 3rd by age group = under-19, 20-29, 30-39, 40-49, 50-59, 60+.

Name _____ Address _____

City/ST/Zip _____ Phone (____) _____

Emergency Contact _____ Phone (____) _____

Sex: M F Birthdate _____ Age (on 4/15/12) _____ T-Shirt Size (unisex) _____

Team: (if applicable) Physician Assistant Nursing Respiratory Care Sonography Human Biology
 Radiologic Sciences & Imaging Health Sciences

Release: In consideration of the acceptance of my entry, I for myself, my executors, administrators, assignees, do hereby release and discharge all sponsors and individuals assisting in the presentation of Kettering College Spring Into Health 5K run/walk of all claims and damages, demands and actions whatsoever in any manner arising or growing out of my participation in this event. This includes the race director, sponsors, promoters, Kettering College, Kettering Memorial Hospital, Kettering Health Network, Good Neighbor House, and any other individual or entity which may be involved with this event. I attest and verify that I have full knowledge of the risk involved in this event and I am physically fit and sufficiently prepared to participate in the event. If I get hurt, I understand that it is my fault.

Signature _____ Date: _____

(Parent/guardian signature required for participants under 18 years of age.)