

# Run for Riverside

5k Run / Walk  
Troy, Ohio



**Date:** Saturday, March 20, 2010  
**Race Start Time:** 10:00 a.m.  
**Location:** Elizabeth Township Community Center  
**Check-in & Registration:** 9:00 a.m. – 9:45 a.m.

**Registration:** *Before February 20<sup>th</sup>* \$15 – includes t-shirt  
*After February 20<sup>th</sup>* \$15 – t-shirt not guaranteed  
*Same-day registration* \$20 – t-shirt not guaranteed  
**\*\*Make checks payable to Miami East High School\*\***

**Mail Entries to:**  
Miami East High School  
3825 North State Route 589  
Casstown, OH 45312

**Or Register Online:**  
[www.speedy-feet.com](http://www.speedy-feet.com)

**Location Address:**  
Elizabeth Township Community Center  
5760 E Walnut Grove Road  
Troy, Ohio 45373

**Age Group for Awards:** M/F 14&under/ 15-19/ 20-29/ 30-39/ 40-49/ 50-59/ 60&up  
\*Door prizes will be given away at the race  
**\*\*\*\* All net proceeds will be given to Riverside of Miami County! \*\*\*\***

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## Run for Riverside Registration Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone(\_\_\_\_) \_\_\_\_\_ Age (race day) \_\_\_\_\_ Male / Female (circle one)  
Birth Date: \_\_\_ / \_\_\_ / \_\_\_ T-shirt size: (circle one) S / M / L / XL  
Email (please print clearly) \_\_\_\_\_  
Emergency Contact: Name \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

In consideration of the acceptance of my entry, I hereby waive on behalf of my heirs, executors, and assigns, all claims arising from my participation in the Miami East High School National Honor Society Fundraiser 5k race for Riverside, and do hereby release the Miami East National Honor Society and the Elizabeth Township Community Center, their representatives, employees, officials, volunteers, successors, and assigns for any and all injuries and damage to me or my property in said event; and agree to hold above listed harmless for any claims. I attest and verify that I am physically fit and understand the risks for such run/walk and have trained adequately in preparation. I give my permission for the administration of medical aid in case of emergency. I further give my permission for the free use of my name, voice recording, or photo in any printed account, broadcast, telecast or commercial advertising of this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian if under 18)