

2015 Bedford Rotary Five Star Veterans Honor Run 10K and 2 Mile Fun Walk/Run

Sunday, September 20, 2015

Registration begins at 7:30 a.m.

on the south lawn of the University Hospitals Bedford Medical Center,
44 Blaine Avenue, Bedford, Ohio 44146
(off Columbus Street & across from the Cuyahoga County Public Library)

Race begins at 8:30 a.m.

Proceeds: Money raised will be donated to The Bedford Memorial Day Parade

Course: This is a fast, scenic, and rolling course that takes you through historic Bedford and the beautiful MetroParks. **This is a CERTIFIED course.**
There will also be a 2 Mile Fun Walk/Run.

Anybody may enter this race!

Registration: Pre-registration for both events is \$20. Race day registration is \$25.
Pre-registration is available on-line until Friday, September 18 at 9 a.m. at
www.hermescleveland.com or mail this form to: Hermes Sports & Events,
2425 West 11th Street, Cleveland, OH 44113. For more information, call 216-623-9933.

Features: T-shirts to the first 200 entrants, refreshments, goodie bags, free parking, raffle drawing and a celebration of our veterans!

Awards: To overall Male & Female winners and top 3 Male & Female in the following age groups: 14 and under 15-19, 20-24, 25-29, 30-34, 35-39, 40-44, 45-49, 50-54, 55-59, 60-64 and 65 and over. In addition, there will also be awards for the top Male & Female Rotarians, Marine, Army, Navy, Air-Force, Coast Guard runners and UHHS employee.



LIABILITY WAIVER & REGISTRATION FORM

Please enter me in the Bedford Rotary Veterans Five Star 10K Run and 2 Mile Fun Walk/Run. In consideration of your accepting this entry, I, for myself, my heirs, executors, and administrators, waive and release any and all right and claim for damages I may have against the Wounded Warriors Initiative, Bedford Rotary, University Hospitals, City of Bedford, Cleveland Metroparks, Hermes Sports & Events, authorized volunteers, any or all sponsors, the cities or towns in which the race is contested, their representatives, successors, and assigns for any and all injuries suffered by me in said event. 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.

Name _____ Age on Race Day _____ Birthdate ____/____/____
Address _____ City _____ State _____ Zip _____
Email _____ Phone Number (____) _____

Check One: 10K or 2 Mile Fun Walk/Run Military Service (Branch): _____

Check if you are a: Rotarian or UHHS Employee

T-Shirt Size: S M L XL XXL Gender: Male Female

Mail to: Hermes Sports & Events, 2425 West 11th Street, Cleveland, OH 44113
Checks payable to: Hermes Sports & Events



Signature of Participant (parent/guardian if under 18)