



5K Run | One Mile Walk

Scenic Course | Family Activities

All Ages & Pet-friendly

Prizes & Giveaways

Dri-fit T-shirts

(First 250 Participants)



Sunday, October 14 | 8:30 a.m.

Registration begins at 7:30 a.m.

Lake Metroparks Lake Erie Bluffs

Lane Road Shelter | Perry, Ohio

REGISTER \$20 through Oct. 9 | \$25 Oct. 10-14

ONLINE

www.greaterclevelandxc.com

MAIL | PHONE

Complete form and mail or drop off to
Lake County Free Clinic, 54 S. State St.,
Painesville, 44077 or call 440.352.8686.

Office is open Monday -Thursday, 8.a.m. to
4 p.m. and Friday morning, 8 a.m. to 1 p.m.

SPONSORSHIP & MARKETING OPPORTUNITIES

visit lakefreeclinic.org or call 440.352.8686 for info

Lake County Free Clinic is a 501c3 nonprofit organization that provides accessible and affordable basic quality health & dental care. Your support ensures more neighbors can get the care they need, no matter what life may bring.

Learn more at lakefreeclinic.org



5K Run | One Mile Walk

8:30 a.m. | October 14, 2018

Lake Erie Bluffs

\$20 before October 9

\$25 October 10-14



Family- and pet-friendly course and activities!

Prizes and giveaways!

Dri-fit shirts for first 250 participants!

PARTICIPANT INFORMATION *(Please complete one form per participant)*

Name _____

Address: _____ City/Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Shirt size (circle): Sm Med Lg XL XXL

PAYMENT: Register online at www.greaterclevelandxc.com!

\$20 before Oct. 9 | \$25 October 10-14

Check payable to *Lake County Free Clinic* Cash

**Credit card payment available with online registration at www.greaterclevelandxc.com*

I cannot attend, but would like to make a donation of \$ _____.

I know that running or walking in a road race is a potentially dangerous activity. I should not enter and run/walk unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to sagely complete the run. I assume all risks associated with running or walking in this event including, but not limited to contact with other participants, the effects of the weather, including high heat and/or humidity, traffic, and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my entry, I for myself and anyone on my behalf: waive and release Lake County Free Clinic, the event committee, Greater Cleveland XC, and all race sponsors, supporters and officials, their representatives and successors from all claims of liabilities of any kind arising out of this event for any legitimate purpose.

Signature: _____ Printed name: _____ Date: _____

Parent/guardian signature (if under 18): _____

Emergency contact name: _____ Phone number: _____

SEND COMPLETED FORM TO: Lake County Free Clinic | 54 S. State Street #54 | Painesville, OH 44077

Questions? Call 440.352.8686 or visit lakefreeclinic.org